

**INTEGRITY BAIL BONDS, Inc.**

13585 49<sup>th</sup> St. North  
Clearwater, FL 33762

**AUTHORIZATION to RELEASE INFORMATION**

I hereby waive any and all rights I may have under the *Title 29 Privacy Act*, the *Freedom of Information Act*, the *Fair Credit Reporting Act*, and any such local or state law. I consent to and authorize **INTEGRITY BAIL BONDS, Inc.** as its agent, to obtain any and all public or private information and/or records concerning myself and/or any minor children I may have, from any party or agency, be it private or governmental (local, state, or federal). This includes, but is not limited to: Social Security records; court and incarceration records from criminal, civil, and traffic jurisdictions; telephone records; medical records; school records; worker's compensation and disability records; employment records; and social benefit records. I fully and completely authorize, without reservation, any party or agency, be it private or governmental (local, state, or federal), contacted by said Insurance Co., or its Agent, to furnish to them any and all requested records and information in their possession concerning myself and/or any minor children I may have.

\_\_\_\_\_  
Print Name (Last, First Middle)

\_\_\_\_\_  
Soc. Sec. No.

\_\_\_\_\_  
Driver Lic. No.

\_\_\_\_\_  
Home Address (Street Name & No. / City, State ZIP)

\_\_\_\_\_  
Birth Date

**X** \_\_\_\_\_  
Signature of Defendant / Indemnitor

State of FLORIDA, County of **Pinellas**

On this \_\_\_\_\_ day of \_\_\_\_\_, 2012, before me personally appeared \_\_\_\_\_ known to me to be the person described in the above document and who acknowledged before me that he/she executed the same. Said person produced the following type of identification: \_\_\_\_\_.

Witness my hand and official seal:

\_\_\_\_\_  
Notary Signature