



Instructions

The attached documents contain personal data. ISP requires users to return the completed form through a secure method.

Integrated Screening Partners offers these methods.

Email:

1. Securely email transmission can be obtained by clicking this [link](#).
2. You will need to create a user registration if necessary
3. Send to customersevicteam@integratedscreening.com

Fax:

1. Include cover page with ordering company name
2. **ATTN: RECORDS DEPARTMENT**
3. Fax to toll free 866-904-6060

If you need an alternate method please contact customersevicteam@integratedscreening.com.

Regards,
Integrated Screening Partners

SambaSafety Account # _____

Guam Authorization for Release of Driving Record

I, _____ do hereby
authorize and allow **SambaSafety, Inc.**, acting as an agent on my behalf,
to obtain a copy of my driver's license abstract information.

Full Name (Please Print): _____

License Number: _____

Date of Birth: ____/____/____

Reference: _____

Signature: _____