



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

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Puerto Rico Authorization for Release of Driving Record (Legitimate Business Purpose)

I, _____ do hereby authorize and allow **Success In Action,**

Inc., as agent for **SambaSafety** to obtain a copy of my driver's license abstract information which will be used for verification of information for a legitimate Business purposes.

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La Autorización de Puerto Rico para la Liberación del Registro Impulsor (Propósito Legítimo de Negocio)

Yo, _____ por la presente autorizo y permit **Success In**

Action, Inc., cuando agente para **SambaSafety** obtener una copia de mi conductor'la licencia de s información abstracta que se utilizará para la comprobación de información para un propósitos legítimos del Negocio.

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Full Name (Please Print)/Nombre Completo (letra de molde)

License Number/Numero de Licencia de Conducir

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Date of Birth/Fecha de Nachimiento: _____ / _____ / _____

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Social Security Number/Numero de Seguro Social: _____

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Reference: _____

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Signature/Firma

Date