

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 customerseviceteam@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 <u>customerseviceteam@integratedscreening.com</u>.

Regards,

Integrated Screening Partners

Virgin Islands Authorization for Release of Driving Record (Employment)

I,	do hereby authorize and allow
SambaSafety, Inc., acting as an agent on my bel	half, to obtain a copy of my driver's
license abstract information which will be used f	for verification of information for
Employment purposes.	
Full Name (Please Print):	
L'assac Namban	
License Number:	
Date of Birth:/	
Social Security Number:	
Reference:	
Place of Birth:/	
Signature	