

**GEORGIA MOTOR VEHICLE RECORDS
INQUIRY RELEASE**

In connection with my application for employment (including contract for services), I understand that a Georgia Motor Vehicle Record inquiry will be made on me.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to releasing the above mentioned information to Sonic e-Learning, Inc., to my prospective employer identified below and to First Advantage and/or any of their agents. The authorization and consent shall be valid in original, fax or copy form. I have the right to make a request of First Advantage upon identification and the payment of any authorized fees, for the information in its files on me at the time of my request. I further authorize ongoing procurement of the above mentioned information at any time during my employment (or contract). I understand that, to aid in the proper identification of my file or records, the following information, as well as other information, is necessary.

Print First, Middle and Last Name _____

DL # _____ Date of Birth _____

Current Address _____

City/State/Zip _____

Applicant Signature _____ Date _____

Prospective Employer **Purdue University**

Please fax completed form to Purdue University Risk Management Office @ 765-496-1338

Purdue University.
401 South Grant Street
West Lafayette, IN, 47907
Phone: (765) 494-1690