



# AAA SCREENING SERVICE

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## Credit, Civil and Criminal Records Waiver

I, \_\_\_\_\_, do hereby give full permission  
(First Name - Middle Initial - Last Name)

to \_\_\_\_\_ and AAA Screening Service, Inc. to conduct a search  
(Agent)

of my credit, criminal and civil records. This form releases AAA Screening and above named Agent from any legal liability of reporting this information to the above named agent.

\_\_\_\_\_  
Maiden/Former Names

\_\_\_\_\_  
Counties/States in which I've resided

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State Issued

\_\_\_\_\_  
Social Security Number

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

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Address – (Street, City, State & Zip)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Signature