

EXPRESS/ ATLANTIC BAIL BONDING COMPANY
236 FORSYTH ST, SW STE 103
ATLANTA, GA 30303
(404) 522-3201 / FAX (404) 688-3803

CONSENT RELEASE FORM

I, _____ hereby authorize Express/Atlantic Bail Bonding Company and/or its Agent(s) to receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local Criminal Justice Agency in the United States or any foreign country. I further authorize Express / Atlantic Bail Bonding Company and / or its Agent(s) to receive any Department. of Motor Vehicle Records, department of Labor, Social Security Administration or Homeowner Lease / Purchase, Employer, Credit History, Banks/Savings & Loan, finance Company, Attorney / Legal Service, Scholastic and any other information/records pertaining to me. which may be .in the files of any individual, company, and Federal, State, Local or foreign government agencies. This includes, but is not limited to, all federal and state privacy acts, such as Family Education Right and the Privacy Act. I understand that All information obtained will be used -for criminal investigation against myself in the event I do not appear in court and agree that this consent shall be valid until such time as my case has been disposed. In addition to authorizing Express/Atlantic Bail Bonding Company and / or its A.gent(s) to receive said information, any entities releasing said information/records to Express/Atlantic Bail Bonding Company and/or its Agent(s) shall be held harmless from all liabilities by myself.

DOB RACE M/F SSN NUMBER Driver's Lie Number

Vehicle Info: _____
 MAKE MODEL YEAR TAG & STATE

STREET ADDRESS

CITY STATE ZIP

PRINT FULL NAME SIGNATURE

DATE NOTARY