Guam authorization for release of driving record

Applicant authorization for SafestHires to obtain a Guam driving record for employment purposes.

I hereby authorize and allow SafestHires, Inc., acting as agent for the employer/prospective employer named below, to obtain a copy of my Guam driver's license abstract and driving record for employment purposes under 21 GCA §29125 and the federal Driver's Privacy Protection Act (18 U.S.C. §2721).

Applicant information

- Full legal name (please print): _____
- Aliases (if applicable): _____
- Guam driver's license number: _____
- Date of birth: _____
- Last four of SSN: _____
- Physical address: _____
- Mailing address (if different): _____
- Email address: _____
- Phone number: _____

Employer information

- Company name: _____
- Company address: _____
- Authorized contact / phone: _____

_____ Applicant signature

_____ Printed name

_____ Date