DRIVERCHECK
Medical Testing & Assessments

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Name:	Phone Number:
Company:	

I understand that for confidentiality purposes, personal identifiers are required to verify my identity. For such purposes, I am providing the following information:

Date of Birth and at least one other personal identifier (ex. driver's license, employee ID, etc.) is required.

Personal Identifiers	**ID Number**
Date of Birth ***required**	**/ / *(dd/mm/yyyy)***
Document Type :	
Document Type :	

By my signature below, I hereby authorize DriverCheck to release the results and other medical information (as requested by the company) of ONLY those drug tests, alcohol tests, and medical exams under the company listed above, conducted on the following date(s) or with the following Test ID(s):

Date:		Test ID:	

Please release the above mentioned test results to the following individual, company, and/or law firm:

Individual's Name:	Individual's Phone Number:	
Company or Law Firm Name: RECORDS DEPOSITION SERVICE, INC		
☐By Fax	Fax #: 248-357-3337	
☐By Mail	Street: PO BOX 5054	Province: MICHIGAN - USA
	City: SOUTHFIELD	Postal Code: 48086-5054
☑By Email	Email address: REQUESTS@RECDEP.COM	

Signature: _____ Date: _____

Guardian's Signature (If subject is a minor): _____ Date: _____

Guardian's Name (printed): _____

Please print, sign and send the completed form to the original sender by fax or email.

www.drivercheck.ca

1 Manley Street, P.O. Box 1186, Ayr, Ontario • N0B 1E0
Toll Free: 1-800-463-4310 • Ph: 519-632-9371 • Fax: 519-632-9534