

PHOENIX DIVERSIFIED CORPORATION
2351-E Hubbard Road
Macon, GA 31217
Secure Fax: 478-744-0712
Secure email: brianstevens@phoenixdiversified.com

AUTHORIZATION TO RELEASE

I, _____ Social Security Number: _____
(Prospective employee name)
hereby authorize: _____ Date of Birth: _____

Previous Employer: _____ Phone: _____

Address: _____ Fax No. _____

City, State, Zip: _____ Email: _____

,to release any information pertaining to my background to include, but not limited to my, previous employment, qualification information, accident history or previous contract services, to **Phoenix Diversified Corporation** for the purposes of investigation as required by 49 CFR, part 391.23 of the Federal Motor Carrier Safety Regulations.

I further authorize you to release any information related to my alcohol and controlled substance testing and training records, within the last three (3) years to **Phoenix Diversified Corporation** as required under 49 CFR Part 40.25.

I hereby release Phoenix Diversified Corporation and all persons, schools, companies, consumer reporting agencies, and law enforcement agencies of liability for damages resulting from the release said information.

(Driver's Signature) _____ (Date) _____

