

TO WHOM IT MAY CONCERN:

WAIVER OF RIGHTS  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I \_\_\_\_\_ HEREBY AUTHORIZE AND DIRECT MY FAMILY, EMPLOYER, FORMER EMPLOYER, BANK, CREDITORS, CREDIT AGENCIES, (THE FEDERAL SOCIAL SECURITY ADMINISTRATION), THE UNITED STATES ARMED FORCES, THE STATE DIVISION OF MOTOR VEHICLES, (ALL COUNTY, STATE AND FEDERAL LAW ENFORCEMENT AGENCIES), POWER COMPANIES, GENERAL TELEPHONE OR OTHER TELEPHONE COMPANIES AND / OR ANY OTHER PERSON, ENTITIES OR ORGANIZATION HAVING INFORMATION CONCERNING MY WHERE-ABOUTS. INCLUDING, BUT NOT LIMITED TO, BANK RECORDS, MOTOR VEHICLE REGISTRATION, MOTOR VEHICLE TRACKING, CELLULAR PHONE TRACKING, CRIMINAL HISTORY, DOCUMENTARY RECORDS OF PAST AND PRESENT EMPLOYMENT, EARNINGS OR BENEFITS.

(TO GIVE SUCH INFORMATION TO Mercy BAIL BONDS AND ITS AGENTS, ASSIGNEES AND DULY AUTHORIZED REPRESENTATIVES.)

(ACKNOWLEDGEMENT)

I UNDERSTAND THAT ANY AND ALL SUCH INFORMATION OBTAINED WILL BE FOR THE PURPOSE OF SECURING MY APPEARANCE AND/OR REIMBURSEMENT FOR ANY EXPENSES INCURRED AS A RESULT OF MY FAILURE TO APPEAR AT THE PROPER TIME ON ANY DATE SO SPECIFIED ON THE BOND OR BY THE COURT. I HEREBY EXPRESSLY AND KNOWINGLY WAIVE MY RIGHTS UNDER AND WITH RESPECT TO THE PRIVACY ACT AND AUTHORIZE THE USE OF COPIES OF THIS DOCUMENT OF AUTHORIZATION BY CO-SIGNER BAIL BONDS AND ITS AGENTS, ASSIGNEES AND DULY AUTHORIZED REPRESENTATIVES.

(A COPY HEREOF IS AS VALID AS THE ORIGINAL DOCUMENT)

MY DATE OF BIRTH IS: \_\_\_\_\_ MY SOCIAL SECURITY NUMBER \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_. BY \_\_\_\_\_ WHO HAS PRODUCED THE FOLLOWING TYPE OF IDENTIFICATION: \_\_\_\_\_ AND WHO DID TAKE AN OATH.

MY COMMISSION EXPIRES:

\_\_\_\_\_  
NOTARY PUBLIC