



Office
624 N. Hammonds Ferry Road
Linthicum, MD 21090
410-923-5155

Mailing Address
P.O. Box 361
Linthicum, MD 21090

Date: _____

Employee: _____

Address: _____

City/State/Zip Code: _____

**Re: RELEASE OF INFORMATION STATEMENT
DRIVER CONSENT FORM**

I give MAA, Inc. my permission to obtain consumer reports as part of my MAA, Inc. job application as well as for periodic evaluation of my employment. I understand this may include a background investigation in order to assess my eligibility for a position or promotion with the Company. I understand that the investigation may include verification of past employment, education, criminal record check, driving record, and opinions of references.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to MAA, Inc., as long as said request is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. Section 1681 et. seq.

I further authorize any person, business entity or governmental agency that may have information relevant to the above to discuss such information to MAA, Inc., including but not limited to all courts, public agencies, and law enforcement agencies regardless of whether such person, business entity or governmental agency compiled the information itself or received it from another source. I release MAA, Inc., and all other persons, business entities, and government agencies from liability on account of such disclosure.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation. This authorization is valid for a period of one (1) year or until employment is terminated whichever occurs first.

Sincerely,

_____ Signature

_____ Printed Name

_____ Driver's License No. & State

Expiration Date: _____ Date of Birth: _____