

# CO-SIGNER INFORMATION

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PERSONAL INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: MALE ☐ FEMALE ☐

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ RACE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_

TAG # \_\_\_\_\_

## REFERENCES

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

3. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

4. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

NOTES/RELATIONSHIP TO CLIENT: \_\_\_\_\_

**Public Information Release for Principal**

Date: \_\_\_\_\_

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
Principal (Printed First and Last Name) Bonding Company

along with Tennessee Fugitive Recovery Unit to gain access to certain information should I fail to appear for court or my bond is revoked and I am unable to be located at the address listed in my bonding agreement.

\_\_\_\_\_ and/or Tennessee Fugitive Recovery Unit may seek  
Bonding Company  
information regarding my whereabouts using information gained from utility companies, housing lease agreements, employment records, and jail records to include current and last known address(es).

This release allows utility companies, landlords, employers, and jail staff to release information to  
\_\_\_\_\_ and/or Tennessee Fugitive Recovery Unit regarding my whereabouts.  
Bonding Company

This release is only effective during the time I am on bond and in the event I fail to appear in court or my bond is revoked and I am unable to be located at the address listed in my bonding agreement.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**Public Information Release for Co-Principal**

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
Co-Principal (Printed First and Last Name) Bonding Company

along with Tennessee Fugitive Recovery Unit to gain access to certain information should the Principal named above fail to appear for court or the Principals bond is revoked and is unable to be located at the address listed in the bonding agreement.

\_\_\_\_\_ and/or Tennessee Fugitive Recovery Unit may seek information  
Bonding Company  
regarding my whereabouts using information gained from utility companies, housing lease agreements, employment records, and jail records to include current and last known address(es).

This release allows utility companies, landlords, employers, and jail staff to release information to  
\_\_\_\_\_ and/or Tennessee Fugitive Recovery Unit regarding my whereabouts.  
Bonding Company

This release is only effective during the time the Principal is on bond and in the event the Principal fails to appear in court or their bond is revoked and I am unable to be located at the address listed in the bonding agreement.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number