

MVR RELEASE CONSENT FORM

In conjunction with my employment, at _____ (“the company”),
I _____ (employee/applicant name) Consent to the release of
(print name)
my Motor Vehicle Record (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. “Federal Drivers Privacy Protection Act”, and is intended to constitute “written consent” as required by this Act.

Employee/Applicant Signature

Date

Date of Birth

Social Security Number (last 4 digits)

Drivers' License Number

License Expiration Date

Issuing State