

# Motor Vehicle Record Release Authorization

I hereby authorize the release of my Motor Vehicle Record (MVR) to the requesting party listed below. I understand that this information will be used for employment or insurance purposes only.

## Applicant Information

Full Name:

Date of Birth:

Driver's License Number:

State Issued:

## Requesting Party

Company/Organization Name:

Contact Person:

Purpose of Request:

## Authorization

By signing below, I authorize the above-named party to obtain my Motor Vehicle Record from the appropriate state agency.

Signature:

Date: