SIGNED CONSENT TO PROCURE DRIVING RECORD

FROM RECORDS RESEARCH, INC.

**ACCOUNT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This driving record is being requested for the following reason: Select one below.

**\_\_** INSURANCE For use by any insurer or insurance support organization, in connection with claims investigation activities, anti-fraud activities, rating or underwriting.

**\_\_**EMPLOYMENT As an employee or prospective employee of (name of company)

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or its agents, to obtain a copy of my driving record. I understand I have the right to inspect this document in accordance with the Fair Credit Reporting Act.

**\_\_** OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, hereby authorize Records Research, Inc. to obtain a copy of my motor vehicle record based on the following information:

Print Full Name **First** **Middle** **Last**

Date of Birth:

Driver License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_

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

Signature Date