



MVR RELEASE FORM

For pre-employment screening, I authorize Forest Glen Repair, LLC to obtain a copy of my driving record. This form also authorizes Forest Glen Repair, LLC to obtain a copy of my driving record at **any time** during employment.

Full Name: _____

Date of Birth: _____

Driver License #: _____

State: _____

*This authorization allows Forest Glen Repair to obtain a driving record anytime during your employment.

IF YOU ARE USING A MOBILE DEVICE, SIGN USING YOUR FINGER OR A STYLUS.

Signature: _____

Date: _____