

DISCLOSURE AND RELEASE FORM EMPLOYEE DRIVING RECORD INFORMATION

1. Because I must drive as an essential function of my employment or potential employment, I hereby give permission to Linscot Enterprises, Inc. to obtain my state driving record (also known as my motor vehicle record or MVR) in accordance with the Fair Credit Reporting Act (FCRA) and the Federal Driver's Privacy Protection Act (DPPA).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation any party or agency contacted by Linscot Enterprises, Inc. to furnish Linscot Enterprises, Inc. a copy of my state driving record.
4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. This authorization shall remain on file by Linscot Enterprises, Inc. for the duration of my employment, and will serve as ongoing authorization for Linscot Enterprises, Inc. to procure my state driving record at any time during my employment period.
6. I understand that Linscot Enterprises, Inc. may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
 1. Employer must notify me in writing of any such adverse action
 2. I have the right to receive a copy of the driving record upon which the adverse action was based.
 3. I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address and phone number of the consumer reporting agency that provided my driving record to Linscot Enterprises, Inc.
 4. I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that Employer took adverse action.
 5. I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected.

Employee's Name (Print)

Employee's Signature

Date

Social Security Number

Driver's License Number & State

Date of Birth