

## **DRIVER MVR RELEASE CONSENT FORM**

In conjunction with my potential employment at \_\_\_\_\_  
("the company"), I \_\_\_\_\_ (applicant) consent to the release  
of my Motor Vehicle Records (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.

Signed (applicant) \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ DOB \_\_\_\_\_

--Please attach copy of driver's license card--