

Authorization for Release of Driving Record

Name:

Date of Birth:

State Licensed In:

Driver's License Number:

This release, when presented by a duly authorized representative of Aegis Insurance Services, Inc. will constitute my consent and authority to examine and obtain copies and abstracts of my driving history in connection with my employment with _____ and the requirements of their insurance companies. This MVR is being used for insurance underwriting purposes.

This release will remain valid throughout the course of my employment with _____ unless revoked in writing by me and submitted to Aegis Insurance Services, Inc.

Driver's signature: _____

Date: _____

Witness: _____

Date: _____