



The person whose motor vehicle record is to be ordered must sign this form. Incomplete and, or unsigned forms will not be processed.

**DISCLOSURE AND AUTHORIZATION FOR RELEASE OF YOUR MOTOR VEHICLE RECORD**

Information about your driving record will be used for employment purposes, including either hiring or promotion decisions. Before we can obtain your motor vehicle record you must give us your written permission. You have a right, upon written request, to a copy of your motor vehicle record from your employer or prospective employer. Your employer, or prospective employer, will provide you with a Summary of Your Rights under the Fair Credit Reporting Act.

**AUTHORIZATION AND RELEASE TO OBTAIN YOUR MOTOR VEHICLE RECORD**

In accordance with applicable provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 et seq., the Americans with Disabilities Act and all applicable federal state, and local laws, I, \_\_\_\_\_, authorize DIRCKS MOVING SERVICES, 4340 W. Mohave, Phoenix, AZ 85043 to obtain my motor vehicle record from American Driving Records, WebMVR.

I agree that a copy of this authorization and release has the same effect as an original.

I agree to hold DIRCKS MOVING SERVICES harmless from any liability that might otherwise result from the request for, use of, and, or disclosure of my motor vehicle record.

I agree to hold AMERICAN DRIVING RECORDS, INC. harmless from any liability that might otherwise result from the request for, use of, and, or disclosure of my motor vehicle record.

I acknowledge receipt of A Summary of Your Rights Under the Fair Credit Reporting Act from my employer, or prospective employer.

**\*\*PLEASE PRINT CLEARLY\*\***

X \_\_\_\_\_  
Signature of the Individual (Driver/Applicant)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print name as it appears on the driver's license.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

**Dircks Moving Services, Inc.** \_\_\_\_\_  
Name of Employer