

MVR RELEASE CONSENT FORM

In conjunction with my potential employment at All-Ways Care Services, Inc. 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.

Signature: _____ Date: _____

Name as it appears on the drivers' license:

First Middle Last

Drivers' License Number: _____ State: _____

Date of Birth: _____ / _____ / _____ Email: _____