TARC
Service. Support. Advocacy.

2701 SW Randolph Ave • Topeka KS 66611 • (785) 232-0597

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: MOTOR VEHICLE RECORD (MVR)

I hereby authorize any employer, law enforcement agency, administrator, state agency, institution or private information bureau that has any record or knowledge of my motor vehicle operation history or criminal history to provide TARC, Inc. any such information. A telephone facsimile (FAX) or a photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by a state agency. According to the Fair Credit Reporting Act, I am entitled to know if insurance or employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. I will be so advised and be given the name of the reporting agency or source of information.

DATE _____ SIGNATURE _____

I understand that by signing above and completing the information below, I am authorizing TARC, Inc. to obtain a copy of my MVR for the purpose(s) listed:

•To obtain an **annual review MVR** to verify that my driving record continues to meet the qualifications specified in driver selection criteria of TARC, Inc. as required by their insurance carrier.

•To obtain an **incremental review MVR** if results of either a pre-employment MVR or annual review MVR indicate that my driving status needs to be monitored more frequently due to information included in the MVR report.

Please complete all the requested information.

(PLEASE PRINT)

_____ _____ _____
LAST NAME FIRST NAME MIDDLE INITIAL

_____
HOME ADDRESS

_____ _____ _____
CITY STATE ZIP

_____ _____
SOCIAL SECURITY NUMBER DATE OF BIRTH

_____ _____
DRIVER'S LICENSE NUMBER LICENSE ISSUING STATE