



AUTHORIZATION FOR THE RELEASE OF MOTOR VEHICLE RECORD INFORMATION

In connection with my ongoing employment or my application for employment, should I have or secure a position with OPTIONS Family of Services, Inc., I understand that a Motor Vehicle Record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Morris & Garritano, Inc. or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports for 10 years from the date signed below. **OPTIONS Family of Services, Inc.'s commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Signature of Applicant/Employee

Date

Full Legal Name (include middle initial)

_____/_____/_____
Driver's License Number / State of Issuance / Expiration date

Date of Birth