

# Driver Authorization Release

I, \_\_\_\_\_, do hereby authorize the Division of Motor Vehicles to release my driving record to.

Company Name \_\_\_\_\_

I authorize without reservation, Securalex or any other party contacted by this employer to furnish the above-mentioned information.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment and release all parties for all liability by furnishing said information to the company. I understand to aid in the proper identification of my file or records the following information is necessary.

This release shall remain in full force and effect until I, myself file formal written withdrawal.

Driver's Full Name \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**