MVR RELEASE CONSENT FORM

In conjunction with my employment, at _	("the company"),
William Buchanan (empl	loyee/applicant name) Consent to the release of
my Motor Vehicle Record (MVR) to the \boldsymbol{c}	ompany. I understand the company will use these
records to evaluate my suitability to fulfi	Il driving duties that may be related to the position for
which I am applying. I also consent to th	e review, evaluation, and other use of any MVR I may
have provided to the company.	
This consent is given in satisfaction of Pu	blic Law 18 USC 2721 et. Seq "Federal Drivers Privacy
Protection Act", and is intended to const	itute "written consent" as required by this Act.
	2021-06-16 04:15:42
Employee/Applicant Signature	Date
2021-06-15	323487341
Date of Birth	Social Security Number (last 4 digits)
Drivers' License Number	License Expiration Date
Illinois	
Issuing State	