

MOTOR VEHICLE RECORD REQUEST PERMISSION FORM

Date: _____

Name of Applicant / Employee: _____

Street Address: _____

City / State / ZIP Code: _____

Driver License State: _____

Driver License Number: _____ Exp. Date: _____

Date of Birth: _____



Jr. College Dist of Sedalia MO
3201 West 16th Street
Sedalia, MO 65301-2199

Dear Jr. College Dist of Sedalia MO:

Consumer reports may be obtained as part of the Jr. College Dist of Sedalia MO's evaluation of my job application and/or employment. The reports may be procured by Insurance & Benefits Group Insurance Agency (IBG) and may include my driving record, an assessment of my insurability under the Company's insurance coverage or other consumer reports.

By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time as it deems appropriate to evaluate my insurability or other permissible purposes.

Sincerely,

Signature of Applicant/Employee

Printed or Typed Name of Applicant/Employee