

FEDERAL DRIVER PRIVACY PROTECTION ACT
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I, _____ authorize
(PRINT NAME)

Randolph Regional EMS Corporation to obtain my Motor Vehicle Record from The Evans Agency.

I understand that this record may contain personal information including but not limited to child support payments and/or alimony payments as well as information on driver violations and accidents.

(APPLICANT'S SIGNATURE)

(DATE)

(DRIVER LICENSE NUMBER)

(LICENSE STATE)

(DATE OF BIRTH)