Motor Vehicle Record Disclosure and Release

I, _____, understand that Family & Children's Center intends to obtain my Motor Vehicle Record (driving record) for employment purposes.

The applicant authorizes Family & Children's Center, or its designated agent (e.g., a background check company), to obtain their driving record from the relevant state Department of Motor Vehicles or other applicable agencies.

The applicant understands that this information will be used to assess their qualifications for the position, particularly for roles that require driving.

The applicant acknowledges the right to request a copy of the driving record report. They also have the right to dispute the report's accuracy or completeness directly with the consumer reporting agency if they believe it contains errors.

By my signature below, I acknowledge that I have read and understand this authorization and voluntarily consent to the driving record check described above.

_____ _____

Print Full Legal Name (Include Middle Initial) Date of Birth

_____

Driver's License Number & State

Signature: _____ Date _____

Requested by: _____

Program _____

8/2025 md