

Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle
Operating record and pursuant to the State and Federal regulations of compliance,
I (Name of employee) _____
authorize Credo Community Center for the Treatment of Addictions, Inc. to obtain my
Motor Vehicle Record. I understand that this record may contain personal information* in
addition to any/all driver violations and/or accidents, which may be on record through the
_____ State Department of Motor Vehicles.
(Name of state)

I also authorize release of this information to my employer. (or proposed employer.)

Signature of Employee

Social Security Number

Drivers License Number

State

Current Street Address

City

State

Zip

Date Signed: _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number. It does not include information on vehicular accidents, driving violations and driver status.