Motor Vehicle Record
Disclosure and Release

In connection with my ongoing employment or my application for employment, should I have or secure a position with Sherman College of Chiropractic, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Republic-Franklin Insurance Company, or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Republic-Franklin Insurance Company**, commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.

FULL LEGAL NAME (INCLUDE MIDDLE INITIAL)	**DATE OF BIRTH**
LICENSE NUMBER	**STATE**
SIGNATURE	**DATE**