



**MVR Authorization of Release**  
**GSI-Great Scot! Insurance, Inc and all**  
**agencies acting on behalf of their insureds**

In connection with my application for employment (including contract for services). I understand that consumer reports, which may contain public and private record information, may be requested by GSI. These reports may include, but are not limited to, the following types of information: name, address, social security number, date of birth, driver's license or ID number, and driver record.

**I authorize without reservation, any part or agency contacted by GSI to furnish the above-mentioned information.**

I understand that GSI obtains all driver and vehicle information directly from the various state Department of Motor Vehicles (or a corresponding agency) and does not maintain it's own database of driver and vehicle information. I understand that any corrections or updates to my driver record must be made by the state DMV.

I authorize GSI to share this information with necessary insurance companies for insurance underwriting purposes and I authorize GSI to share this information with my prospective employer.

I hereby authorize procurement of consumer reports. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for procurement of consumer reports at any time during my employment (or contract) period.

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

.....  
*To be filled out by employer*  
.....

**PURPOSE OF REPORT:**      **Run D.L. Check**       **Add**       **Delete**

**Company Name:** \_\_\_\_\_

**Branch Location & Phone:** \_\_\_\_\_

**Authorized Rep. Name:** \_\_\_\_\_

**Date of Hire/Termination:** \_\_\_\_\_