

Name  
Street Address  
City, State and Zip Code

I, \_\_\_\_\_, give permission to my employer to obtain motor vehicle report or medical information that is deemed pertinent to my employment. This agreement will continue indefinitely during my term of employment unless rescinded in writing.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Full Name on License \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Turner Agency Confidential

