

MVR Account No. _____

Pennsylvania Driver Authorization

I, _____, do hereby authorize the Division of Motor Vehicles to release my driving record to

End User Company Name _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip code: _____
Phone number _____

This release shall remain in full force and effect until I, myself file formal withdrawal.

Driver's Full Name: _____

Date of Birth: _____

Driver's License Number: _____

Signature

Date

MVR's Inc.

A First Advantage Company

3837 Plaza Tower Drive Suite C, P.O. Box 15367, Baton Rouge, La. 70816/70895
Phone 225-293-8740 / 800-333-6437 Fax 225-291-0488 / 800-933-4935
www.mvrsinc.com

Instructions for Pennsylvania Release Form

- Please provide MVR Account Number in upper right corner
- Driver to fill out and sign other than **End User** section to be filled out by first party