

# References-etc. Driving Record Authorization

Please fax the completed form to: (603) 297-1476

I \_\_\_\_\_  
**please print your full name**

hereby authorize References-etc. to obtain and send a copy of my driving record to the address or fax number I have provided. This authorization is a limited one time authorization and may not be reused or renewed.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

I certify that all information provided by me pursuant to this agreement is true and accurate to the best of my knowledge and I have read, understand and agree to the terms of this agreement.

Signed (applicant) \_\_\_\_\_

Date: \_\_\_\_\_

Drivers' License

Number: \_\_\_\_\_ State: \_\_\_\_\_