



The person whose driving record is to be ordered must sign this form. Incomplete and, or unsigned forms will not be processed.

**DISCLOSURE AND AUTHORISATION FOR RELEASE OF
YOUR DRIVERS LICENSE RECORD**

Information about your driving record will be used for employment purposes, including either hiring or promotion decisions. Before we can obtain your motor vehicle record you must give us your written permission. You have a right, upon written request, to a copy of your motor vehicle record from your employer or prospective employer. Your employer, or prospective employer, will provide you with a Summary of Your Rights under the Fair Credit Reporting Act.

AUTHORISATION AND RELEASE TO OBTAIN YOUR DRIVERS LICENSE RECORD

I,
_____, authorise IMG REMOVALS, 304 Slade Road, Birmingham, West Midlands B23 7LU to obtain my Driving record from the DVLA.

I agree that a copy of this authorisation and release has the same effect as an original.

I agree to hold IMG REMOVALS harmless from any liability that might otherwise result from the request for, use of, and, or disclosure of Driving license record.

I agree to hold DVLA. harmless from any liability that might otherwise result from the request for, use of, and, or disclosure of my driving license record.

****PLEASE PRINT CLEARLY****

X _____ Signature of the Individual (Driver/Applicant)	_____ Date Signed
_____ Print name as it appears on the driver's license.	_____ Date of Birth
_____ Driver's License Number	
_____ Address	_____ National Insurance no.