

AUTHORIZATION FOR RELEASE OF INFORMATION AND FOR THE PROCUREMENT OF A MOTOR VEHICLE REPORT

I consent to have a consumer report made as to my social security information, motor vehicle report (MVR) *, and other pertinent information for the purpose of the BEING LISTED AS A DRIVER. I hereby authorize KELLER UNITED METHODIST CHURCH to obtain a motor vehicle report containing the foregoing information from Lexis Nexis, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Lexis Nexis within a reasonable time after I execute this authorization. I am aware that KELLER UNITED METHODIST CHURCH may repeat this process randomly and without notice.

I also authorize and request every person, firm, company, corporation, government agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish the same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Lexis Nexis , its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Lexis Nexis , and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Lexis Nexis , unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original. **Please attach a photo copy of your drivers license to this form.**

Date Signature

Printed Name: _____ Social Security No. _____

Address: _____ Date of Birth: _____

City/State/Zip: _____

Driver's License Number: _____ State: _____