

PRENTISS

INSURANCE SERVICES

DISCLOSURE AND RELEASE FORM APPLICANT DRIVING RECORD INFORMATION

1. In connection with my application for Auto Insurance, I hereby give permission to Prentiss Insurance Services to obtain my state driving record (*also known as my motor vehicle record or MVR*).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation, any party or agency contacted by Prentiss Insurance Services to furnish the above-mentioned information.
4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. **If, in the event** I obtain insurance through Prentiss Insurance Services, this authorization shall remain on file for the duration of my policy and will serve as ongoing authorization procure MVR at any time during my policy period.

Applicants Name (Print)

Applicants Signature

Date Signed

Social Security Number

Driver's License Number & State

Date of Birth