

MOTOR VEHICLE RECORD RELEASE AND AUTHORIZATION FORM

To: Wisconsin Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my prospective or present employer and its insurance agent, whose names and addresses are as follows:

Name and Address of Employer:

**Building Services Group
1500 Lamers Drive
PO Box 242
Little Chute, WI 54140**

Name and Address of Insurance Agent:

**Fox Cities Insurance Agency, Inc.
PO Box 2667
Appleton, WI 54912-2667**

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Full Name: _____

Signature: _____

Address: _____

Driver's License Number: _____

Date Of Birth: ____/____/____