

AUTHORIZATION FOR DRIVER'S LICENSE CHECK

Name: _____
(Please Print)

Date: _____

To Whom It May Concern:

_____ I am an employee of the Diocese of Palm Beach

_____ I am a VOLUNTEER for All Saints Catholic School in the Diocese of Palm Beach.

I am aware that consumer and motor vehicle reports may be obtained as part of my employment/volunteer status with All Saints Catholic School. I understand the information obtained may include personal information such as my driving record and an assessment of my insurability.

I hereby consent and authorize the Diocese of Palm Beach and/or their designee agents to make such inquiries, and I authorize with reservation, the release of such information to the Diocese of Palm Beach and/or their designated agents, and release the Diocese of Palm Beach, All Saints Catholic School, and the provider of such information from any and all liability for damages arising from the investigation and disclosure of requested information.

By signing this letter, I hereby provide my authorization for Diocesan/School/Office/Church or their insurance company representatives(s) to obtain such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

I will allow a photocopy of this authorization to be as valid as the original.

Signature

Please staple copy of Driver's License to this form.