



# of Franklin and Hampshire Counties, Inc.

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Greenfield, Massachusetts 01301

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## Driving Record Release

I, \_\_\_\_\_ give \_\_\_\_\_  
(Driver's name) (Company Name)

the right to investigate my driving record. I hereby release from liability  
\_\_\_\_\_ and its representatives for seeking such  
(Company Name)

information and all other persons, corporations, or organizations for furnishing such  
information.

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date(s) of any accident(s): \_\_\_\_\_

Years of Driving Experience: \_\_\_\_\_

Description of Accident(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I Hereby attest that I have a valid driver's license.

(Attached a copy of license)

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_



Affiliated with: The Arc of the United States

The Arc of Massachusetts

