

Motor Vehicle Record Release Form

Motor vehicle records may be obtained as part of the Great Falls Public School evaluation of my job application/employment. These records may be procured by Western States Insurance or by any insurance company they represent.

By signing this release, I hereby authorize the Great Falls Public Schools to procure these records from time to time, as deems necessary, to evaluate my insurability or for other permissible purposes.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date