



## MVR REQUEST FORM / FCRA DISCLOSURE / AUTHORIZATION FORM

### Company(ies) Requesting Motor Vehicle Record

Messiah University  
Attn: Dianne Kirsch  
One University Avenue, Suite 3003  
Mechanicsburg PA 17055

and

H.G.I.D., Inc. t/a Horst Insurance  
320 Granite Run Drive, PO Box 3320  
Lancaster, PA 17604-3320  
and its agents, officers and employees

### DRIVER INFORMATION

NAME:	
DRIVERS LICENSE #	
STATE	
DATE OF BIRTH	

## FAIR CREDIT REPORTING ACT: DISCLOSURE / AUTHORIZATION

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208) you are hereby informed that a consumer report about you may be ordered and used to determine insurance eligibility and for employment purposes. (Under the provisions of the Act, a driving record, credit report and insurance scoring report are all considered a consumer report when used for employment purposes.)

I, the undersigned, acknowledge receipt of the above disclosure and authorize the above named company(ies) to obtain a consumer report about me for its use related to determining insurance eligibility and for employment purposes. I, the undersigned, also acknowledge that H.G.I.D., Inc. t/a Horst Insurance is authorized to request a Motor Vehicle Record (MVR) report about me and that they are authorized to evaluate the MVR against a Driver Acceptability Matrix and release the results of that evaluation to the company(ies) referenced above that I am either already employed by or requesting employment of. I, the undersigned, agree to hold harmless H.G.I.D., Inc. t/a Horst Insurance, from any and all liability in connection with their acquisition, interpretation, use of or recommendation regarding the information contained in my Motor Vehicle Record (MVR).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date