



MVR REQUEST FORM / FCRA DISCLOSURE / AUTHORIZATION FORM

Company(ies) Requesting Motor Vehicle Record

DRIVER INFORMATION

Messiah University
Attn: Debbie Farver
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

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