

**Authorization for Driver License Check**

**Name** \_\_\_\_\_  
(Please Print)

**Date:** \_\_\_\_\_

**To Whom It May Concern:**

\_\_\_\_\_ **I am a volunteer for the Diocese of Palm Beach**

\_\_\_\_\_ **I am an employee for the Diocese of Palm Beach**

**I am aware that consumer and motor vehicle reports may be obtained as part of my job application, employment and/or volunteer status with the Diocese of Palm Beach. I understand the information obtained may include personal information such as my driving record, and an assessment of my insurability, etc.**

**I hereby consent and authorize the Diocese of Palm Beach and/or their designated agents to make such inquires, and I authorize without reservation, the release of such information to the Diocese of Palm Beach and/or their designated agents, and release the Diocese of Palm Beach and the provider of such information from any and all liability for damages arising from the investigation and disclosure of the requested information.**

**By signing this letter, I hereby provide my authorization for (Diocesan Church/School/Office) or their insurance company representative(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 purposes.**

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

\_\_\_\_\_  
**(Signature)**

**\*PLEASE INCLUDE A COPY OF YOUR CURRENT DRIVER LICENSE**