

# The Special Investigations Unit

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Lawrence J. Hamilton CIP, FCLS

Qualified Manager/Owner

CA PI License # 16367

## AUTHORIZATION FOR RELEASE & HISTORY OF DRIVING RECORD

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681, et sec., the Americans with Disabilities Act, the Gramm-Leach-Bliley Act, Section 15 USC and all applicable Federal, State and Local laws, I hereby authorize and permit

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(Name of Prospective Employer)

and or their agents to obtain a CA Department of Motor Vehicle Report – Driving Record (and or any other state as specified below) as a condition of my pre-employment, current employment or any condition of my employment.

I understand that the Department of Motor Vehicle Driver's History (Driving Report) may include information as my driving history, DUI Record, Criminal / Civil Driving Record, Suspension, Revocation of my Drivers' License, Accident History, Moving Violations / Point Count against my driving record and / or any other information held by the State of California or any other state, Department of Motor Vehicle records.

I agree that a copy of this authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for the use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under the Americans with Disabilities Act, the Gramm-Leach-Bliley Act, Section 15 USC and all applicable Federal, State and Local laws, I may request a copy of this record.

I hereby authorize \_\_\_\_\_ to obtain and prepare my Department of Motor Vehicle Driving Record as part of my employment application / condition of employment. This consent is valid only for this employment / pre-employment investigation and a new authorization must be requested each time a report is ordered (CA Civil Code 1786.22).

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

LJHA/SIU: Rev. 03/2018



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