



On behalf of the Department of Administrative Services, I am requesting the Department of Motor Vehicles provide Fleet Operations with driving history for driver named below.

DAS/FLEET SIGNATURE:

TITLE:

\_\_\_\_\_

\_\_\_\_\_

**Express Consent to Disclose Department of Motor Vehicle Record**

I hereby authorize the Fleet Operations Director of the Connecticut Department of Administrative Services (DAS), or his designee, to obtain access to and review my driving history record that is in the files of the Department of Motor Vehicles for the limited purpose of evaluating my qualifications to operate a state-owned motor vehicle.

I understand this authorization will remain in effect until such time that I expressly revoke my consent in writing to the DAS Director of Fleet Operations.

PRINTED NAME:

DATE:

\_\_\_\_\_

\_\_\_\_\_

ADDRESS:

LICENSE NUMBER:

\_\_\_\_\_

CT # \_\_\_\_\_

\_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

Check employee type:

SEASONAL

CONTRACTUAL

VOLUNTEER