


PVS, LLC
Palmetto Verification Solution
“The Solution For Your Screening Needs”

AUTHORIZATION FOR RELEASE OF MOTOR VEHICLE RECORDS

Please complete and **fax** to:

PALMETTO VERIFICATION SOLUTIONS, LLC
(901) 853-7387

Attention:

I, _____ do hereby authorize and allow Palmetto Verification Solutions, LLC to obtain a copy of my driver’s license record/abstract information, which may include personal information, to be used for verification of information. I release my information to:

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

DRIVERS FULL NAME (Please Print As Appears On License):

License Number: _____

Social Security Number: _____

Signature: _____

Date: _____