

MVR Consent Form

I _____ hereby authorize the
(Printed Name)

Smalley Insurance Agency, Inc., 1640 S. Rock Road, Wichita, KS 67207 to obtain a Motor Vehicle Report (MVR) .

My Drivers License number is: _____ State _____

My Social Security Number is: _____

My Date of Birth is: _____

I understand that this report will provide information that may be used for employment and/or insurance purposes and that this information may be released to my employer.

(Signature)

(Date)

(Street Address)

(City, State, Zip)

Return to:

Smalley Insurance Agency, Inc.
1640 S. Rock Road
Wichita, KS 67207

FAX: (316) 685-5717
email: smalleyoffice@sbcglobal.net
Phone: (316) 687-2288