



Last name	First name	Middle name (no initials please)
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Street address

City	State	Zip code
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Birth date	Social security number
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Drivers license number	Licensing state
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I understand **Laurent Clerc Services, Inc** will be requesting information concerning my driving record and/or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from Transportation Information Services, Inc. d/b/a DAC Services, concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies.

I understand I have a right to make a written request that any information received by **Laurent Clerc Services, Inc** be forwarded to me.

Signature of employee	Date
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