



**Federal Drivers Privacy Protection Act
Authorization to Obtain Vehicle Records**

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I,

_____ **authorized Greenport Rescue Squad, Inc. to obtain my Motor Vehicle Record from the Department of Motor Vehicles. I understand that this record may contain personal information (1) in addition to any/all driver violations and/or accident, which may be on record through the New York State Department of Motor Vehicles.**

In addition, should my application be accepted for employment and/ or upon my becoming an employee for Greenport Rescue Squad, I further authorize any/all additional requests for my Motor Vehicle Record be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under the State and Federal regulatory compliance standards.

Signature of Employee

Social Security Number

Date Signed

Driver License Number

Date of Birth

(1) "Personal information" means information that identifies an individual, including an individual's photograph, social security number, driver identification number, name, address (but not the 5-digit zip code), telephone number and medical or disability information, but does not include information on vehicle accidents, driving violations, and driver status.