The UNITED Arc
of Franklin and Hampshire Counties, Inc.
111 Summer Street
Greenfield, Massachusetts 01301
(413) 774-5558
(413) 774-2585 FAX
E-mail: arc@unitedarc.org

Driving Record Release

I, _____ give _____
(Driver's name) (Company Name)

the right to investigate my driving record. I hereby release from liability

_____ and its representatives for seeking such
(Company Name)

information and all other persons, corporations, or organizations for furnishing such information.

License #: _____ Expiration Date: _____

Date of Birth: _____ Date(s) of any accident(s): _____

Years of Driving Experience: _____

Description of Accident(s):

_____

_____

_____

_____

_____

I Hereby attest that I have a valid driver's license.

(Attached a copy of license)

Signature of Driver: _____ Date: _____