



GREAT PLAINS CLAIMS INC.

AUTHORIZATION FOR RELEASE OF DRIVING RECORDS

I, _____, of (address) _____
_____, holder of (state) _____ Driver's License Number
_____, Date of Birth _____, hereby authorize (agency)
_____ to release to Great Plains Claims, Inc., a copy
of my (state) _____ driving record for the purposes of seeking employment with
_____. I have read this authorization
and understand its contents, and agree that a photocopy will carry the same authority as the original.
This authorization can be revoked in writing, or will automatically expire one year from the date of
my signature.

Signed _____

Date _____