



THE JICARILLA APACHE NATION

Risk Management Department

AUTHORIZATION FOR RELEASE OF DRIVING RECORD

Employee Name (First MI Last)

Date (dd/mm/yy)

Address

Department

City, State Zip Code

Work Phone

**As an employee of the Jicarilla Apache Nation, I hereby authorize the Jicarilla Apache Nation to procure my driving record from the appropriate state motor vehicle department in order to assess my insurability under the Jicarilla Apache Nation's Insurance Policy. I also authorize the Jicarilla Apache Nation to procure my driving record from time to time in the future for purposes necessary to maintain my continued insurability.

****PLEASE ATTACH COPY OF DRIVER'S LICENSE WHEN SUBMITTING FORM****

Employee Signature

Date (dd/mm/yy)