



Release of Motor Vehicle Report

Date: _____

If the information in a Motor Vehicle Report ("MVR") supplied to an insurance company or employer through Insurance Information Exchange (iiX) has been a factor in an adverse action being taken against you by that insurance company or employer, iiX will supply you with a copy of the MVR. To receive the report, please complete this form return it to the address below.

Note: For insurance, you must complete this Release for each person appearing on the policy who requires a copy of his or her MVR. If the insurance company is questioning a specific person on the policy, you can complete a form for that individual only.

All information must be legibly completed below in order to obtain a copy of the MVR.

_____	() -
Full Name	Telephone
_____	_____
Address as it appears on license	City, State Zip
_____	_____
Mailing Address (if different from license)	City, State Zip
_____	_____
Driver License Number:	State where License was issued

Name of Insurance Company or Employer	

By signing this release form, I acknowledge that I am the person named in this release. I have recently had action taken that was adverse to me as a result of the MVR report mentioned above. I hereby request a copy of that report.

Signature: _____ **Date:** _____

Mail form to:
iiX
Attn: Vera Cortez
1716 Briarcrest, Suite 200
Bryan, TX 77802

OR Fax form to:
201-748-1449
Attn: Vera Cortez

Note: Report will be mailed within 30 days of receipt of this form.

A copy of this report is obtained through iiX from the State Department of Motor Vehicles (DMV) per your insurance company or employer's request. All driving record information contained in the MVR report is maintained by the DMV. Should you have any questions about information contained in your MVR, you should contact the DMV.