



APPLICANT AUTHORIZATION LETTER

By this letter, I hereby authorize Michael Ehrenfield Insurance Company and/or its agent to obtain the necessary motor vehicle records and the authorization to send a copy of my motor vehicle report to The Arc of San Diego. I also understand that I have the right to request copy of my Motor Vehicle record from Human Resources.

X

Applicant Signature

Date

.....
Please complete all information below:

Name (First, Middle, Last): _____

Drivers License #: _____

State: _____

Date of Birth: _____