

**Glastonbury EMS**  
**PO Box 453**  
**Glastonbury CT 06033**  
**860-633-6554**  
[info@gvaa.org](mailto:info@gvaa.org)

**DISCLOSURE and RELEASE**

In connection with my application for membership with Glastonbury EMS, I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my driving record, including court action citations, license suspensions and revocations.

**I authorize without reservation, any party or agency contacted to furnish the above mentioned information.**

I have the right to obtain information as to the name, address and phone number of any agency providing such information. And further may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on the file and shall serve as ongoing authorization for the organization names above to procure MOTOR VEHICLE REPORTS at any time during my employment membership or contract period.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_