

**Appalachian Mountain Club - August Camp  
Authorization Form to Drive Camp Vehicles**

(Return with Transportation Form to Transportation Coordinator)

**Disclosure of Intent to Obtain a Motor Vehicle Record**

In compliance with the Fair Credit Reporting Act and the Driver Privacy Act, we hereby notify you that we may request a Motor Vehicle Record in connection with your application to drive August Camp vehicles. It is our normal practice to limit the report to driving records available from the appropriate state departments of motor vehicles. This report is procured for risk management purposes.

**Certification of Receipt of Disclosure of Intent and  
Authorization to Obtain a Motor Vehicle Record**

I acknowledge that I have received a copy of the "Disclosure of Intent to Obtain a Motor Vehicle Record."

I voluntarily authorize you to obtain a Motor Vehicle Record regarding me in connection with my application to drive August Camp vehicles for risk management purposes.

I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print maiden or other names under  
which records may be listed.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Date of Birth \* \_\_\_\_\_

**Return with Transportation form to:**  
**Virginia Campbell, Transportation Coordinator**  
**20 Witherell Street**  
**Bronxville, NY 10708**  
**Phone: 917-495-2084**  
**E-mail: [augcamprans@gmail.com](mailto:augcamprans@gmail.com)**

\_\_\_\_\_  
Driver's License Number      State<sup>▲</sup>

**▲ NOTE: Pennsylvania residents** are required by Pennsylvania law to **supply the last 4 digits of their SS#**. Please enter on the line above.

\* Date of birth information will be used by the reporting agency to ensure an accurate investigation.