



**SOURCEPOINT WRITTEN CONSENT  
RELEASE OF DRIVING RECORDS**

I, \_\_\_\_\_, authorize the Ohio Bureau of Motor Vehicles and all Clerk of Courts Title Offices to release my personal information, (Name, Address, Date of Birth, and Driver's License Number), as well as any other information to SOURCEPOINT.

This authorization extends to records pertaining to my Driver's License, State Identification Card, Vehicle Registration and Certificate of Title.

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

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

Last 4 digits of SSN: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*Notarized signature only for Medical Transportation volunteers and drivers of company vehicles:*

Will Volunteer drive SourcePoint vehicles or transport clients?  Yes  No

If Yes, Volunteer is required to submit to a 3-year official driving record check and a Notary must complete the section below.

The foregoing person came before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and acknowledged that this consent was voluntary.

\_\_\_\_\_, Notary

My commission expires on \_\_\_\_\_.

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Office Use

Reference BMV 5008

Cursory  Official (Must be Notarized)

Date Completed \_\_\_\_\_