

POSSABILITIES
Serving children and adults with disabilities

1808 3rd Ave. SE
Rochester, MN 55904
507-281-6116 Fax 507-281-6117

**Driving Permission
Motor Vehicle Report
Authorization Form**

Date ____/____/____

I give permission for _____ to
provide transportation for my family member _____
during their working hours.

Managing Employer Signature

AUTHORIZATION

In connection with your employment with PossAbilities we will obtain a Motor Vehicle Report to verify your driving record.

I authorize PossAbilities to obtain a Motor Vehicle Report in connection with my employment

Employee Signature

Driver's License Number/State

Date of Birth