

Motor Vehicle Record Release Form

I hereby authorize Brotherhood Mutual Insurance Company, 6400 Brotherhood Way, Fort Wayne, In. 46801 (Contact McBroom & Sims Insurance Agency Inc., Agent Mike Campbell or Ann Clark II 770-719-8330) to release my MVR to Simpsonwood United Methodist Church, 4500 Jones Bridge Circle, Peachtree Corners, Ga. 30092 (770-441-2181 Linda Romarion, Church Administrator).

Name: _____

Address _____

City /State/Zip Code _____

Date of Birth _____

Driver's License # _____

Expiration Date _____

State of Driver's License _____

Signature _____

Date _____

Notary Signature _____

Date _____

Notary Name _____

Notary Expiration Date _____

State _____

County _____

Notary Seal or Stamp

Attach copy of DL/Insurance Card