



Request for Driving Record Form

Date _____

State of Tennessee

Title Division

500 Deadrick

Nashville, TN 37242

We would like to have _____ of Memphis, TN drive a vehicle for us. We were advised by our insurance company to obtain a copy of their driving record. We have enclosed a check for \$5.00. Also, the driver has been given permission for us to receive a copy of their driving record.

I, _____, give permission to the State of Tennessee Department of Vehicle Registration to send a copy of my driving record to the Catholic Diocese of Memphis.

_____ Date _____

Signed

Name _____

Address _____

City _____ State _____ Zip _____

D.O.B. _____

License # _____

Please send this copy to:

Thank You !