Authorization to Check Motor Vehicle Records
Consent and Disclosure

_______________________________________ ____________________________________________________
APPLICANT’S FIRST NAME                LAST NAME

_______________________________________ _____________________________________________________
COLLEGE ID # (800#)  DEPARTMENT/CLUB/ORGANIZATION

STUDENT/ STAFF (circle one) ___________________________________________________________
WHEN ARE YOU SCHEDULED TO DRIVE?

Background Information
Have you been convicted of the following (including pleas of no lo contende)?

Three moving violations in the past three years:  OYes  ONo
Speeding 15 miles over the speed limit:  OYes  ONo
A DUI or DWI:  OYes  ONo

*If YES, please provide additional information in the space provided below or on an additional sheet.

Applicant Information
I authorize investigation of my driving record and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection. I understand that minor traffic violations will not, in and of themselves, be grounds for rejecting my authorization to drive College vehicles.

_______________________________________ ____________________________________________
Applicant Signature  Date