



Authorization to Check Motor Vehicle Records Consent and Disclosure

APPLICANT'S FIRST NAME

LAST NAME

EMAIL ADDRESS

COLLEGE ID# (800#)

DEPARTMENT/CLUB/ORGANIZATION

WHEN ARE YOU SCHEDULED TO DRIVE?

STUDENT/STAFF/FACULTY (CIRCLE ONE)

IF STUDENT, CLASS OF

Background Information

Have you been convicted of the following (including pleas of nolo Contendere)?

Three moving violations in the past three years: Yes No

Speeding 15 miles over the speed limit: Yes No

A DUI or DWI: Yes No

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