



UPDATED 03/03/2025

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 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

*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