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3.471:01 Motor Vehicle Report Authorization Form

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FORM # 3.471:01

Motor Vehicle Report Authorization Form
REQUEST FOR DRIVER INFORMATION
PRINT OR TYPE ALL INFORMATION LEGIBLY

This documentation must be fully completed to obtain a Driver Motor Vehicle Report ("MVR").

DRIVER INFORMATION

NAME: LAST			FIRST			INITIAL			
ADDRESS									
CITY			STATE			ZIP CODE			
LICENSE NUMBER							STATE		
DATE OF BIRTH		MONTH			DAY		YEAR		

DRIVER RELEASE

This authorization is being requested with regard to a Motor Vehicle Report and this information will be used to determine your qualifications for property and/or liability insurance while operating a motor vehicle and conducting official business for your current or prospective employer ("Employer").

PLEASE READ AND SIGN THE FOLLOWING:

I authorize Antioch University to obtain and review a Motor Vehicle Report regarding my driving and driver's license history. I authorize any parties contacted to release information to Antioch University regarding my previous driving record, licenses, certifications, and history and any other related information. I release all persons and entities from liability for damages that may arise from the release of this information. I waive all provisions of law prohibiting the disclosure of this information. I understand that Antioch University cannot guarantee the accuracy of any information reported to it by third parties. I release Antioch University and its agents from liability for damages that arise from errors or omissions in this authorized inquiry of my driving and driver's license history.

PRINTED NAME OF DRIVER

SIGNATURE OF DRIVER

DATE _____☐ New Hire☐ Current Employee**Ordered by:** _____Company Name: Antioch UniversityContact Name: Karen Snyder, HR email: ksnyder@antioch.eduPhone: 937-769-1361Fax: 937-769-1377