



Authorization to Check Motor Vehicle Records Consent and Disclosure

APPLICANT'S FIRST NAME	LAST NAME
COLLEGE ID # (800#)	DEPARTMENT/CLUB/ORGANIZATION
STUDENT/ STAFF <small>(circle one)</small>	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: 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
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