



**AUTHORIZATION FOR RELEASE OF MOTOR VEHICLE RECORD INFORMATION**

1. I hereby authorize the University of Richmond to obtain a motor vehicle record concerning me to confirm my eligibility to drive a University vehicle (owned, leased or rented). This authorization shall remain on file and shall serve as ongoing authorization for the University of Richmond to obtain motor vehicle record information for lawful purposes at any time during my inclusion in the Driver Safety Program.
2. I hereby authorize any department of motor vehicles or any other person or organization having knowledge of my driving record to provide information about myself, including data received from other sources, in order that I may be evaluated for eligibility to drive a University vehicle (owned, leased or rented) as part of the University Driver Safety Program.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date