

CONFIDENTIAL



**MOTOR VEHICLE RECORD AUTHORIZATION FORM**

**\*WE ASK FOR A MINIMUM OF FIVE DAYS TO PROCESS\***

[Please Print]

Full Name (first, middle, last) \_\_\_\_\_

Student ID# \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Full Address (as on license) \_\_\_\_\_

Purpose of Usage \_\_\_\_\_

Date of Event \_\_\_\_\_

Supervisor/Event Contact \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_

State Issuing License \_\_\_\_\_ Years Driving \_\_\_\_\_

Date of Birth \_\_\_\_\_

**ALL DRIVERS MUST BE 18 YEARS OF AGE OR OLDER**

This report authorizes Moody Bible Institute to obtain, prepare, use, and furnish information concerning your driving history.

The signature below indicates that I understand this report will be consulted for usage considerations, insurance purposes, subsequent performance/driving evaluations, and insurance renewals.

I also consent to have this report obtained as part of the screening/usage process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*We cannot guarantee that we will be able to approve you in less than 5 days\*

Office Use Only

Approved? YES NO

Driver Evaluation Score \_\_\_\_\_

Date \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_