

CONFIDENTIAL

MOTOR VEHICLE RECORD AUTHORIZATION FORM

[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

Office Use Only	
Approved? YES NO	Driver Evaluation Score _____
Date _____	Evaluator's Signature _____