

MOTOR VEHICLE RECORDS REPORT AUTHORIZATION FORM

I hereby authorize EBI, on behalf of Carnegie Mellon University, to run a Motor Vehicle Records Report to review my driving record for purposes of being covered by the university's insurance to drive university-owned or –rented motor vehicles on official university business purposes.

Applicant Signature:	Date:	1	1	
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TO BE COMPLETED BY DRIVER The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only. Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.																													
Last Name																													
First Name																	Midd	lle Na	ame	;									
Current Address																										Apt.			
City																							St.		Zip				
Date of Birth (mm/dd/yyyy)											S	ocial	Secu	rity No	0.														
Driver's License No.														St.															