

## ACKNOWLEDGEMENT AND AUTHORIZATION FOR RELEASE OF MOTOR VEHICLE RECORD INFORMATION

I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understand it and this authorization. I further acknowledge receipt of a document entitled SUMMARY OF YOUR RIGHTS UNDER FAIR CREDIT REPOORTING ACT. I have read and understand the corresponding FCRA Summary of Rights which was made available to me at the electronic link in the document.

I hereby authorize The University of Toledo (UToledo) to obtain a motor vehicle record (MVR) abstract concerning me to confirm my eligibility to drive a University vehicle (owned, leased, or rented) in the course and scope of my employment. This authorization shall remain on file and shall serve as ongoing authorization of UToledo to obtain (MVR) abstract information for lawful purposes at any time during my employment. I hereby release The University of Toledo from any and all liability for damages of whatever kind or nature, whether known or unknown, which may at any time accrue to me on account of information that is obtained pursuant to this authorization.

I am providing continuing consent to UToledo to obtain an MVR in connection with my driving privileges at any time during my employment or volunteering with UToledo, and this continuing consent will remain valid until I revoke this consent in writing or end my association with UToledo.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN TO: Risk Management Department  
ATTN: Brenda Humberston  
2801 W. Bancroft Street, MS 220  
Toledo, OH 43606-3390  
Telephone: 419-530-3655  
Fax 419-530-3650

## **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT REGARDING MOTOR VEHICLE RECORD REPORTS**

Please be advised that The University of Toledo (UToledo) needs to obtain motor vehicle record (MVR) information from a consumer reporting agency that it contracts with to supply MVRs. This information is obtained to confirm your eligibility or continued eligibility to drive University vehicles (owned, leased or rented) in the course and scope of your employment.

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. FCRA also provides you with certain rights. This disclosure advises you that the MVR is a consumer report and may be obtained for work purposes as part of the background investigation and/or at any time during your employment at UToledo.

Your MVR may contain information such as any moving violations or other traffic offenses that appear in the agency's records. This information received by UToledo may affect your employment or assignment if your job duties require an insurable driving record. If UToledo obtains MVR information that adversely affects you, you have the right to receive a copy of the MVR report. You also have the right to dispute directly to the consumer reporting agency any incomplete or inaccurate information.

The following Consumer Reporting Agencies may be used to prepare the report:

- **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 41, Beachwood, OH 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net) .**
- **Ohio Bureau of Motor Vehicles <https://bmvonline.dps.ohio.gov/>**
- **Any and other records database or third-party agency**

I acknowledge that UToledo has with this form provided me a Summary of My Rights Under the Fair Credit Reporting Act in a form issued by the Federal Trade Commission and entitled "A Summary of Your Rights Under Fair Credit Reporting Act" located at:

[https://www.utoledo.edu/depts/risk/pdfs/Your%20Rights\\_Fair%20Credit%20Reporting%20Act.pdf](https://www.utoledo.edu/depts/risk/pdfs/Your%20Rights_Fair%20Credit%20Reporting%20Act.pdf) .

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I have read the Motor Vehicle Record Disclosure form and understand my rights, and I have been provided a copy of "A summary of Your Rights Under the Fair Credit Reporting Act."

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DRIVER APPLICATION FORM**  
(PLEASE PRINT OR TYPE)

**Section 1**

To be completed by the department head/supervisor:

I request authorization for \_\_\_\_\_ to operate UT vehicles in the performance of his/her duties for the department of \_\_\_\_\_. List all states in which UT vehicle will be operated by this driver \_\_\_\_\_.

Name of Department Head \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

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**Section 2 (complete this section or the alternative section below)**

To be completed by the driver:

My driver's license number is \_\_\_\_\_ issued by the state of \_\_\_\_\_ which expires on \_\_\_\_\_.

My date of birth is \_\_\_\_\_ and my social security number is \_\_\_\_\_.

I authorize UT to verify my Motor Vehicle Record as a vehicle operator for The University of Toledo. I also authorize UT to verify my status and record yearly. I agree that, if approved as a driver, I will notify my department head/supervisor of any change in my ability to drive safely or in my legally granted driving privileges. I understand the above and give my approval to have my driving status and motor vehicle record checked.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Address on License \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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**Section 2 - Alternative (complete this section if you do not want to provide your social security number)**

To be completed by the driver:

Because social security numbers are necessary for UT to obtain a Motor Vehicle Record report and UT cannot obtain the report without the social security number, I will obtain that report myself and provide the original report (or certified copy) to the UT Risk Manager. UT will only reimburse me for obtaining this report at the current cost that UT would have paid if it did the report through their contracted consumer reporting agency. *I understand that this may be less than what I actually paid to obtain the report myself.* I also understand that I may be required to annually obtain an updated report. I agree that, if approved as a driver, I will notify my department head/supervisor of any change in my ability to drive safely or in my legally granted driving privileges.

My driver's license number is \_\_\_\_\_ issued by the state of \_\_\_\_\_ which expires on \_\_\_\_\_.

My date of birth is \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Address on License \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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**Section 3**

To be completed by the Office of Risk Management

This driver: SHOULD SHOULD NOT be authorized to operate UT vehicles.

Risk Management Signature \_\_\_\_\_ Date \_\_\_\_\_