

Fleet Safety Program - Appendix A; EMPLOYEE CONSENT TO OBTAINING REPORTS

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

Please be advised that The University of Toledo 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 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 UT.

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 UT may affect your employment or assignment if your job duties require an insurable driving record. If UT 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. For more information, including information about additional rights, you may contact the Federal Trade Commission.

Please sign the "AUTHORIZATION FOR RELEASE OF MOTOR VEHICLE INFORMATION" statement below to indicate that you authorize The University of Toledo to obtain these reports for the above-stated purpose. If your spouse will be driving a University vehicle, he/she must authorize The University of Toledo to obtain his/her motor vehicle abstract and information regarding automobile insurance coverage. Then complete the information on the reverse side. When completed, forward the entire form to the UT Risk Management Department.

AUTHORIZATION FOR RELEASE OF MOTOR VEHICLE RECORD INFORMATION

1. I have read the above "Disclosure Statement" and hereby authorized The University of Toledo to obtain motor vehicle abstract concerning me to confirm my eligibility to drive a University vehicle in the course and scope of my employment. This authorization shall remain on file and shall serve as ongoing authorization for The University of Toledo to obtain motor vehicle abstract information for lawful purposes at any time during my employment.
2. I hereby authorize any department of motor vehicles or any other person or organization having knowledge of my driving record to relate information or opinions about myself, including data received from other sources, in order that I may be evaluated for eligibility to drive a University vehicle in the course and scope of my employment. I hereby release these persons and/or organizations 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.

PRINT YOUR NAME _____

DATE _____

SIGNATURE _____

PLEASE RETURN TO: Risk Management Department
ATTN: Risk Manager
2801 W. Bancroft, MS 220
Toledo, Ohio 43606-3390

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 _____ Phone _____

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

To be completed by the driver:

NAME (print): _____ Date of birth _____ S.S.# _____

Driver's license number: _____ State _____ Expiration Date _____

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 _____

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.

NAME (print): _____ Date of birth _____ S.S.# _____

Driver's license number: _____ State _____ Expiration Date _____

Employee Signature _____ Date _____

Address on License _____ City/State/Zip _____

Section 3

To be completed by the Office of Risk Management

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

Risk Manager Signature _____ Date _____