

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 (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 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 by separate driver application.. Then complete the information on the Driver Application Form. When completed, forward the entire Form and this Disclosure Statement to the UT Risk Management Department.

AUTHORIZATION FOR RELEASE OF MOTOR VEHICLE RECORD INFORMATION

1. I have read the above "Disclosure Statement" and hereby authorize The University of Toledo to obtain a motor vehicle 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 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 (owned, leased or rented) 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.
3. I hereby acknowledge receipt of "A Summary of Your Rights Under the fair Credit Reporting Act" and "Notice to users of consumer Reports obligation of users under the FCRA."

SIGNATURE: _____

PRINT YOUR NAME: _____

DATE: _____

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

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 _____

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 _____

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 _____

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 _____