

University of La Verne

Drivers Authorization Request Form

Date: _____

To: University of La Verne – Transportation and Parking

RE: Authorization to Obtain Motor Vehicle Reports

From: _____

Print Full Name

Department

PT/FT/Student/ Third Party Vendor

Justification: _____

- Please provide a description of activities that will require this authorization

I am aware in order to operate ULV vehicles or operate my personal vehicle on behalf of ULV a motor vehicle report/s may be obtained as part of University of La Verne's evaluation of my request to drive a ULV vehicle. The reports may be procured by ULV, its insurance broker of record or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, and an assessment of my insurability for the insurance program.

By signing this letter, I hereby provide my authorization for ULV or insurance company representative (s) to produce such information and reports, from time-to-time as deemed appropriate, to evaluate my insurability.

Signature: Applicant/Employee _____

Name as it appears on Driver's License _____

Street Address _____ City _____ State _____ Zip _____

Driver License Number/State Issued _____

Date of Expiration _____

Date of Birth _____

Department you are working for _____

What will you be driving (Circle) Cart Van SUV/Truck Personal vehicle

Signature of University Management Council Member (UMCM) _____

Print UMC Member Name _____

Office Use Only

Date _____ MVR Approved

Date _____ MVR Denied

Transportation and Parking Signature _____

Lisa Grater