



Motor Vehicle Record Check Authorization & Release

Employee

Student

Volunteer

Name in Full: _____

Other Names Used: _____

Date of Birth: _____ Birthplace: _____ Sex: _____

Drivers License #: _____ Expiration Date: _____ State: _____

Residences Past 15 Years:

Table with 2 columns: City, State; Dates

List any time you were arrested or charged with any traffic violation, excluding parking:

Table with 4 columns: Date, Place, Charge, Result

- 1. I hereby authorize Idaho State University (ISU) to check my vehicle record...
2. I hereby certify that the facts set forth above are true and correct...
3. This release is executed with full knowledge and understanding...
4. Should there be any questions as to the validity of this release...

Signature Date Phone Number Department/Organization

PLEASE SEND TO TRANSPORTATION SERVICES: CAMPUS STOP 8137 or VEHREQ@ISU.EDU