

Motor Vehicle Record Check Authorization & Release

	Employee	Student	Volunteer		
Name in Full:					
Date of Birth:		Birthplace:		_Sex:	
Orivers License #:		Expiration Date:		State:	
Residences Past 15 \	/ears:				
City, State			Dates		
List any time you wer	e arrested or charged	with any traffic violation, exc	cluding parking:		
Date	Place	Charge		Result	
-		ty (ISU) to check my vehicle			
information to pro may have resulting		y release such sources from	any and all liability to	any claim or damage	
,		above are true and correct to	the best of my knowle	edge. I understand tha	
if I falsify statem	ents, Idaho State Univ	versity reserves the right to	take appropriate acti	on, including denial o	
. ,	•	wned or leased vehicle, or par	•		
		rledge and understanding the se Idaho State University, th			
Education, including	ng its officers, employe	ees and agents, both individu	ally and collectively, f	rom any and all liability	
		nay at any time result to me equest to release information			
•		validity of this release, you m	•	. •	
	, .	,	,	-	
Signature	Date	Phone Number	Departm	nent/Organization	

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

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