

Appendix A

Motor Vehicle Record Release/Request Form

UNIVERSITY OF ALABAMA IN HUNTSVILLE

MOTOR VEHICLE RECORD RELEASE/REQUEST FORM

I understand that as a condition of my operating any University vehicle on University business, my Motor Vehicle Record may be requested. This information is used to ensure the safety of employees, other students/volunteers, and the general public.

I hereby authorize The University of Alabama in Huntsville, its insurance broker, or company representing the University of Alabama in Huntsville, to access and evaluate my Motor Vehicle Record for the purpose of assessing my insurability only. I agree to provide whatever information is required in order to facilitate access.

Driver's full name: _____

Employee _____ Student _____ Volunteer _____ Family Member _____

Driver's date of birth: _____

Driver's license number and state: _____

Please provide all license numbers and states that apply.

Driver's signature: _____

If the driver is a UAH employee:

Hire date: _____

Department in which driver works: _____

Department Phone number: _____ Fax number: _____

Department campus address: _____

Supervisor's Signature: _____

Forward signed original of this form to Fleet Services at Physical Plant Building, Room 124.