

**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: _____

Email Address: _____

Supervisor's Signature: _____

Forward this form to:

Fleet Services
Thresa Shelton
Physical Plant Building
Room 124
tas0001@uah.edu
Phone: 256-824-6482
Fax: 256-824-2341