**Motor Vehicle Report Release Form**

I authorize Rocky Mountain College and Samba Safety to obtain a copy of my motor vehicle record to evaluate my insurability or for other permissible uses related to my employment.

By signing this disclosure, I hereby authorize Rocky Mountain College and Samba Safety to procure these records on a periodic basis or as deemed necessary to evaluate my continuing insurability.

Information provided as on current valid Driver’s License (please print clearly):

Applicant or Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status: Full time \_\_\_\_\_ Part time\_\_\_\_\_ Temp\_\_\_\_\_ Student\_\_\_\_\_\_

SSN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Type: Reg. \_\_\_\_\_\_ Commercial\_\_\_\_\_\_\_ Chauffer\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Month Day Year

Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Month Day Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

| HR Use Only | Date |
| --- | --- |
| Faxed |  |
| Approved |  |
| Updated |  |
| Terminated |  |