STETSON UNIVERSITY
DEPARTMENTAL AUTHORIZATION
FOR MVR (DRIVING RECORD) CHECK

Please complete the following and return to
Risk Management, Unit 8327
or FAX TO: 822-7562

Date: ______

Supervisor/Manager Name: ________________________________
Supervisor/Manager Phone or Ext: __________________________

Name(s) of Person(s) to have MVR status check done: (Note: copy of drivers license and release of information authorization form must be attached)

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<th>Student (✓)</th>
<th>Employee (✓)</th>
<th>Other (✓)</th>
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Driving:  Stetson Vehicle (owned/leased/dealer) ____  Personal Vehicle ____
Rental Vehicle ____ (Rental type- Circle one: Van Car/SUV ) Other ____
(please explain)

Please Note Nature of Driving Duties:
Driving Other People: ____  If Trip/Conf, When: _________________________
Errands Only: ____
Travel in DeLand Only ____  Out of Town: ____ - If so, where: ________________
Other Notes:

______________________________

Department Name

______________________________

Departmental Approval Signature
(Budget Supervisor/Manager/Supervisor/Director or Dean)

Rev. 1/10