

**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)**

	Student (✓)	Employee(✓)	Other (✓)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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)**