



**MOTOR VEHICLE RECORD/ MVR
AUTHORIZATION FOR RELEASE OF INFORMATION**

As standard procedure, and required by our auto insurance and liability carriers, all individuals who will drive a university owned, leased or rental vehicle, or who will drive on behalf of Stetson University to off campus locations on a regular basis, or transport students for university functions, must show proof of a valid drivers license and an acceptable driving record.

In order to obtain your motor vehicle record information, we request that you complete and sign this Authorization for Release of Information Form. This information is considered confidential and will be treated as such. The information obtained within your motor vehicle record is limited to our insurance agent(s) and will not be shared with other entities.

Only individuals with an acceptable driving record and a valid Florida driver’s license will be placed on the University Approved Driver List. All approved drivers must adhere to the University’s Vehicle/Driver Safety Policy & guidelines. Placement upon the University Approved Drivers List is only an indication of an acceptable driving record and does not provide automobile insurance coverage for personal vehicles used in performance of job responsibilities. Employees using their personal vehicle for business related travel should understand that their personal automobile insurance is always the primary insurance coverage. Individuals using their personal vehicle for business travel on behalf of the university on a ‘regular basis’ are those whose job assignment includes such travel, and who receive mileage reimbursement which is intended to help offset the costs of fuel, wear-and-tear and personal automobile insurance coverage.

After completion of this form, please return to the corresponding University Department for which you will be driving, or forward to Risk Management: Email: tgordon@stetson.edu or via Fax: 386-822-8873, or Interoffice Mail to: Unit 8420- Attn: Risk Mgmt.

Upon receipt of this form and the corresponding departmental approval form, please allow 1-3 days for the MVR process to be completed. You and your departmental contact/supervisor will be notified upon completion, and of approval status. Should you have any questions regarding the MVR process, please contact Risk Management at: 386-822-7701.
– Thank you.

University Department: _____

Departmental Contact/ Supervisor: _____ **Phone:** _____

Driver’s Name: _____ **Date of Birth** _____

State and County of License Issued: _____

Drivers License Number: (please print clearly) _____

(Note: please include a copy of your drivers license)

Home Address: _____

Phone Number: _____ **E-mail** _____
(daytime) (if applicable)

I certify that the information presented above is true and correct to the best of my knowledge. I authorize Stetson University, Inc. and its agent(s) to obtain my Motor Vehicle / Driving Record information for the purpose of determining eligibility for driving on behalf of Stetson in conjunction with employment duties or related university travel, and/or for approval to drive a Stetson leased, owned or rented vehicle. This information shall remain on file and shall serve as ongoing authorization for any future MVR screens.

Signature: _____ **Date** _____ **(Rev 1/15)**