

**UNIVERSITY OF SOUTH ALABAMA
RISK MANAGEMENT DEPARTMENT**

CONSENT & AUTHORIZATION FOR MVR INVESTIGATION

I, hereby authorize USA RISK MANAGEMENT DEPARTMENT, and/or its contracted agents to procure a Motor Vehicle Report on me for the purposes of determining my eligibility to operate any designated or assigned USA vehicle or for other purposes, which require the operation of any vehicle used in conducting business for the University of South Alabama. I understand that information may be obtained from various Federal, State and other agencies, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained in my records, or in other supporting documentation, which may be material to my qualifications.

I understand that USA RISK MANAGEMENT DEPARTMENT, and/or its contracted agents will adhere to applicable state and federal statutes concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, under the guidelines set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights as defined by the Federal Trade Commission. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. I understand any initial offer or current status will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation. I further understand this signed consent hereby authorizes USA RISK MANAGEMENT DEPARTMENT, and/or its contracted agents, to conduct necessary and/or periodic Motor Vehicle Report investigations as a requirement of my continued qualifications. A telephonic facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original.

First	Middle	Last
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Present Address	City	State	Zip
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Date of Birth	Drivers License Number
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Issuing State	Expiration Date
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Employed By:	University	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Temporary Agency	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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University Department: _____

CALIFORNIA, MINNESOTA, and OKLAHOMA APPLICANTS ONLY: ¹ Check here if you wish to receive a copy of any formal report generated as a result of this investigation. (CA.AB655 as amended)

Applicant's Signature (Required) PLEASE-DO NOT PRINT	Date
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Witnessed: _____