IDAHO STATE UNIVERSITY

DRIVER'S LICENSE RECORD CHECK AUTHORIZATION

An investigation will be conducted of all information listed on this sheet.

Write in the white areas only. If any of the following need further explanation or entry space, please use a separate sheet of paper.

	Last		**First**		**Middle**	
Name in full						
Other Names you have used:	**Maiden**		**Aliases /Former Names**		**Nickname**	
Date of Birth	**Month**		**Day**		**Year**	
Place of Birth	**City**		**State**		**Sex**	**M or F**
Driver's License Number	**Current?**	**Yes or No**	**Driver's License #**		**Expiration Date**	
	What State?					
What other states have you held a driver's license?						

Residences past 5 years	**City**	**Dates**	**City**	**Dates**	
	1.		**3.**		
	2.		**4.**		

List any traffic violations within the past 5 years, excluding parking.	**Date**	**Place**	**Agency**	**Violation**	**Result**
	1.				
	2.				
	3.				
	4.				

Are you aware of any information about yourself which might tend to reflect unfavorably on your ability as a authorized driver of an Idaho State University vehicle? YES _____ NO _____ If yes and you would like to explain, use a separate sheet of paper.

Student _____ Faculty/Staff Employee _____ (Check one box only)
*Faculty Staff employees renew every 3 years - Students renew July of each year

I. I hereby certify that the facts set forth in the Driver's License Record Check Authorization are true and correct to the best of my knowledge. I understand that if I falsify statements, I may not be considered an Authorized Driver of Idaho State University.

II. I hereby authorize any authorized representative of Idaho State University bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my driving record. I hereby direct you to release such information upon request of the bearer.

III. This release is executed with full knowledge and understanding that the information is for the official use of Idaho State University. I hereby release you, as the custodian of such records including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated.

_____ _____ _____ _____ _____

Signature Date Bengal # Department. Ext. #