



Idaho State University

Motor Vehicle Record Check Authorization & Release

Employee

Student

Volunteer

Name in Full: _____

Other Names Used: _____

Date of Birth: _____ **Birthplace:** _____ **Sex:** _____

Drivers License #: _____ **Expiration Date:** _____ **State:** _____

Residences Past 15 Years:

City, State	Dates

List any time you were arrested or charged with any traffic violation, excluding parking:

Date	Place	Charge	Result

1. I hereby authorize Idaho State University (ISU) to check my vehicle record, and I authorize the sources of such information to provide it to ISU. I hereby release such sources from any and all liability to any claim or damage I may have resulting therefrom.
2. I hereby certify that the facts set forth above are true and correct to the best of my knowledge. I understand that if I falsify statements, Idaho State University reserves the right to take appropriate action, including denial of employment or the use of a University-owned or leased vehicle, or participation in an event.
3. This release is executed with full knowledge and understanding that the information is for the official use of Idaho State University. I hereby release Idaho State University, the State of Idaho, and the State Board of Education, including its officers, employees and agents, 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.
4. Should there be any questions as to the validity of this release, you may contact me at the number below.

Signature *Date* *Phone Number* *Department/Organization*

PLEASE SEND TO TRANSPORTATION SERVICES: CAMPUS STOP 8137 or VEHREQ@ISU.EDU