

**UNIVERSITY OF MONTEVALLO**  
*Motor Vehicle Record (MVR) Release Form*

Individuals seeking to operate a University vehicle or to drive **any** vehicle on behalf of the University must sign this release to authorize UM to obtain his/her MVR. This requirement applies to employees, students, volunteers, spouses or family members seeking to operate a University vehicle or drive any vehicle on behalf of the University. This authorization also allows the University to periodically check the driver's MVR.

Employee           Student           Volunteer

Driver's Full Name (as on DL): \_\_\_\_\_ \*\*M# \_\_\_\_\_

\*\*Home Address (include city, state & zip): \_\_\_\_\_

Home/Cell #: \_\_\_\_\_ \*\*Date of Birth: \_\_\_\_\_ \*\*Social Security # \_\_\_\_\_

\*\*Driver's License Number, State of Issuance, Expiration: \_\_\_\_\_

**\*\*Required Information**

UM Work Address (department), Work Phone, and E-Mail Address: \_\_\_\_\_

If requesting a UM Motor Pool Vehicle, please state business purpose/destination/dates: \_\_\_\_\_

I understand that as a condition of operating any University vehicle, or driving any vehicle on behalf of the University, my MVR will be obtained and reviewed to include, but not limited to, traffic convictions and accidents, which will, in part, determine my insurability and/or eligibility to drive on behalf of the University, in accordance with industry standards. In the event that my MVR is deemed unacceptable, I understand that I will not be allowed to operate a University vehicle, or drive any vehicle on behalf of the University. I understand that if I am denied driving privileges due to information in my MVR, I will have opportunity to review the information obtained as such may be miscoded or incorrect. I understand that it is my responsibility to provide any additional details or documentation that may clarify my driving history. I hereby authorize the University (including all related entities and affiliated/sponsored organizations) and insurance personnel access to evaluate my MVR for the purpose of University business related risk assessment. Unless this authorization is withdrawn in writing, it shall not expire or terminate unless my relationship with the University ceases.

Upon signing this form I agree to the terms stated above and agree to practice safe driving methods, as would be reasonably be expected of any lawful driver, when driving any vehicle for University business. I further agree not to allow anyone else to drive a University vehicle which has been assigned and entrusted to me, except in the case of emergency. Misuse of University property shall be addressed in accordance with University policy and or student code of conduct.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*THIS AUTHORIZATION MUST BE RECEIVED IN THE RISK MANAGEMENT OFFICE AT LEAST SEVEN DAYS PRIOR TO SCHEDULED TRAVEL\*\***

FOR QUESTIONS REGARDING THIS RELEASE, CONTACT  
BARBARA FORREST, UM RISK MANAGER  
STATION 6055 PURYEAR HOUSE  
1031 MIDDLE STREET  
MONTEVALLO, AL 35115  
205-665-6055 OR FORRESTB@MONTEVALLO.EDU