

The University of Alabama

Motor Vehicle Record (MVR) Release Form

As explained in the University's Driver Safety & Vehicle Management Program, drivers seeking approval to operate a University vehicle must sign a release to authorize the University's insurance company to review his/her MVR. This requirement applies to employees, students, volunteers, spouses or family members seeking to operate a University vehicle. The MVR authorization allows the University to periodically check the driver's MVR, which in most cases will be annually.

Employee Student Volunteer Family Member Job Applicant

Driver's Full Name: _____

Driver's Date of Birth: _____ Driver's CWID: _____

Driver's License Number (Not Tag Number) & State of Issuance*: _____

* If licensed in the current state for less than 3 years, provide prior license number and state of issuance.

Driver's E-Mail Address: _____

I understand that as a condition of operating any University vehicle, my Motor Vehicle Record (MVR) will be requested by the University. This information is used by the University's insurance underwriter to examine my driving history to include a review of past traffic convictions and accidents, which will determine my insurability. In the event the underwriter determines my MVR is unacceptable, I understand that I am not allowed to operate a University vehicle. If the underwriter rejects this request due to information obtained from my MVR that may be miscoded or incorrect, I will be allowed to request a review as outlined in the University's Driver Safety & Vehicle Management Program, but it is my responsibility to provide any additional details or documentation (i.e. court records, accident reports, witness statements, etc.) that may clarify my driving history. I hereby authorize the University (including all related entities and affiliated/sponsored organizations), its insurance company, underwriter or broker to access and evaluate my MVR for the purpose of assessing my insurability and driving record. Unless this authorization is withdrawn in writing, it shall not expire or terminate unless my relationship with the University ceases.

Driver's Signature: _____ Date: _____

Department Information

Department Name: _____ Contact: _____

Phone Number: _____ Facsimile: _____

Address - P.O. Box: _____ Building Name & Room Number: _____

Supervisor's Signature: _____ Date: _____

All drivers under age 25 must attend an Alive @ 25 driver safety course prior to being authorized to operate a University vehicle. Once the MVR is approved, please call Margaret Smith (348-4534) to register for an upcoming Alive @ 25 course.

Any driver that may operate a van with a capacity of 9 or more (including driver) must take an on-line safety training course. Contact Dora Hobson (348-4535) to obtain the on-line access information.

Please forward this form to the Office of Risk Management - P.O. Box 870119 - 134 Rose Administration Building or fax to 348-3312.