Davenport University Transportation

6191 Kraft Ave. S.E.

Grand Rapids, MI 49512

616-732-1190

M.V.R Report – Information Disclosure and Release

In connection with my application for the use of Davenport University vehicles, I understand M.V.R. Reports which contain public record information may be requested for review by a Davenport University representative or Davenport Universities insurance provider. I also understand these reports may contain public record information concerning my driving record from federal, state, and other agencies which maintain such records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH INFORMATION CONCERNING MY DRIVING RECORD.

I hereby authorize procurement of driving record reports. If authorized to drive Davenport University vehicles (or leased vehicles), this information shall remain on file and serve as an ongoing authorization to procure these reports and information for Davenport University Transportation.

I acknowledge that I have received a separate document entitled “A Summary of Your Rights from the Fair Credit Reporting Act (FCRA)”.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Social security number \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

Drivers License number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a : Student Contractor Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_