

Disclosure and authorization for a driver's license records check (MVR)

Name _____
Last First MI

Address _____ City/State _____

County _____ Zip _____

Social Security # _____ SBTS Department _____

Driver's License Number _____ State of Issue _____

Date of Birth _____ [Needed only to accurately retrieve records]
M/D/Y

Auto Insurance Company _____

Insurance Policy Number _____

This authorization is being given in regards to a MVR (Motor Vehicle Request for a drivers license inquiry) check and this information will be used to determine your qualifications to operate a motor vehicle while conducting official business for The Southern Baptist Theological Seminary. All employees, volunteers, faculty and staff are required (yearly) to submit this inquiry before operating any vehicle while on official duty for SBTS. This includes any Seminary owned, leased, rented or any personal vehicle used or operated.

PLEASE READ AND SIGN THE FOLLOWING:

I authorize The Southern Baptist Theological Seminary to conduct or hire services to conduct a MVR regarding my driver's license/history. I authorize any parties contacted to release information to my employer or its agent (e.g., a consumer reporting agency) regarding my previous driving record, licenses, certifications, medical inquiries, history and any other information. I release all persons and entities from liability for damages that may arise from the release of this information. I waive all provisions of law prohibiting the disclosure of information.

I understand that The Southern Baptist Theological Seminary and its agents cannot guarantee the accuracy of any information reported to it by third parties. I release The Southern Baptist Theological Seminary and its agents from liability for damages that arise from errors or omissions in this authorized inquiry of my driving history and/or driver's license.

Any applicant who refuses to complete this form, omits material facts, or provides false information, will not be considered to operate a vehicle while employed at SBTS.

Signature _____ Date _____