2020-2021 Motor Vehicle Release Form

ALL DRIVERS OF UNIVERSITY VEHICLES **MUST** FILL OUT THE RELEASE FORM BELOW:

I, ______, (PLEASE print legibly) give The University of Findlay permission to activate a Department of Motor Vehicle Report on my driving record before I operate a University vehicle. I also understand that a Road Familiarization Course (RFC) is required if I have not previously been approved to drive a University vehicle. (Please allow at least a 48-hour turn-around time)

NOTE: If your license was issued in a state other than Ohio, you will need to provide your own background check from your state's BMV or insurance company, which must list the number of at-fault accidents and moving violations for the past 3 years.

Signature		Date	
Driver's License #	State	Expiration Date	Month/Day/Year
DOB	Las	st 4 Digits SS#	
Department/Director's Name (who you w	will be driving for)		Phone Number
I have driven a UF vehicle b	efore (I have alrea	ndy taken the road fai	miliarization course)
I have driven a UF vehicle b		•	
I have NOT driven a UF ve	hicle before (I nee	d to take the road far	niliarization course)
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