

## Motor Vehicle Report Request

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

\_\_\_\_\_

State of Issue: \_\_\_\_\_

\_\_\_\_\_

Expiration Date: \_\_\_\_\_

Email: \_\_\_\_\_

I have read and understand the policy of the Fair Credit Reporting Act (FCRA). This authorization is to be used specifically for obtaining my Motor Vehicle Record.

Driver's authorization signature: \_\_\_\_\_

Requested by: St. Mary's University Office of Administration & Finance

Location code: 103-021

Telephone number: (210) 436-3727

Date: \_\_\_\_\_