

**Authorization to Obtain Driver Record
And Verify Driver's License Status**

*(For use with driving record checks conducted by St. Thomas employees;
a different form must be used if a third-party will conduct the check)*

This status check is good for **one year** from the date below, or if/when status changes. Requester is responsible for notifying requesting department contact and Parking Services of changes to driving record or driver's license status prior to renewal date. Form shall be submitted for approval a **minimum of ten (10) business days** in advance of requirement to operate vehicle. Signature below indicates requestor has read and will abide by student and employee transportation policies.

As a member of the University of St Thomas community (student, staff, or faculty), I may drive a university owned or rented motor vehicle for university business.

I understand that both the University of St. Thomas and its insurance company require a legible photocopy (front and back) of my current driver's license to assess my driving record, driver's license status, and insurability. I further understand that the University will obtain and review records and data related to my driving record and driver's license.

I hereby authorize the University of St. Thomas to obtain driver and motor vehicle record data about me. I understand that the results of such check may impact my ability to drive as outlined above. Below is a list of any motor vehicle tickets, citations, or other violations (other than parking tickets) that I have received in the last three (3) years: _____

_____.

(Continue on back if necessary)

Date:	Faculty	Staff	Student (Grad. Yr. _____)	UST ID:
Print Full Name:				Date of Birth:
Signature:				
Driver's License Number:				State:
Requesting Department:			Department Contact and Email:	
Vehicle Operation Date(s):			Is the vehicle operation: continuous or for one event? (circle one)	

Photocopy the front and back of your driver's license on the back of this form. Submit to parking Services, Mail #4019. This completed form and a photocopy of the driver's license must be submitted together in order to be processed.

FOR OFFICE USE ONLY			
Date received:	Initials:	Recorded:	Dept. Contacted: