

**Driver Motor Vehicle Record Check
Iowa State University**

TO: Iowa State Transportation Services (for check of Iowa driver's license)
Haber Road Fax number: 515-294-4838

Iowa State University Department of Public Safety (for check of out-of-state driver's license)
55 Armory Fax number: 515-294-0383

I am requesting permission to drive University-owned vehicles for authorized University business travel and in conformance with Iowa State University and the Board of Regents, State of Iowa policies.

I hereby authorize Iowa State University to check information concerning my driving record at any time until such date as I inform the Office of Risk Management in writing that I withdraw this authorization. I agree that upon withdrawing this authorization, I will not operate any University vehicle. I also authorize the State of _____ (print name, i.e. Iowa) to release to Iowa State University any information concerning my driving record. I understand that this information will be used to determine my eligibility to drive University vehicles subject to compliance with policy requirements. I hereby release Iowa State University and any agency named above from any liability arising from this action.

I have been informed of the following requirements of the law governing the operation of motor vehicles and the ISU Fleet Safety Policy:

- Drivers of University vehicles must be at least 18 years old.
- Operation of a motor vehicle is prohibited unless I have a current valid driver's license required for the type of vehicle operated with the appropriate classifications, restrictions and endorsements.
- Drivers of University vehicles must have satisfactorily completed a motor vehicle record check prior to using a University vehicle and checked at least annually thereafter.
- I agree to notify my ISU supervisor and the Office of Risk Management of any motor vehicle conviction or charges pending (other than parking violations) including but not limited to notice of violation of statutes that affects my driver's license, or in the event that my driving privileges are suspended, revoked, or barred for violating such statutes, such as operating while intoxicated (OWI), vehicular homicide or habitual violations, or any driving offense punishable as a felony.

Full name (print or type)

Driver License Number

Date of Birth

Driver License State

Signature

License Expiration Date

Date of Request: _____

Email: _____

Employee Status: _____ (i.e. XH, E, P&S, etc.)

If prospective driver is not an employee, please list University business purpose for driving:

Department/Unit Supervisor

Name of Department/Unit

Campus Address

Supervisor's Phone #