UNIVERSITY OF ALABAMA AT BIRMINGHAM

MOTOR VEHICLE RECORD (MVR) REQUEST AND RELEASE

	Office of Risk Management and Insurance UABRisk@uabmc.edu					Fa: Phone		205-934-1267 205-934-5382
Full Name of Driver			Driver's License Number			Driver's License State		
Include all states in which the driver held a driver's license in the past seven years.								
Driver's Date of Birth*		Driver's Date of Hire Driv		Driver's	er's Blazer ID			
*Individuals must be at least 21 years of age and have at least 3 years of driving experience in order to drive on UAB business.								
Department Supervisor)r		Supervisor's Email Address		S	Бера	rtment Phone
The Office of Risk Manage whom a record release is students and volunteers m	not on file	e. The release te the followin	e i	s part of the UAB	employme	ent and		
I understand that, as a cor Motor Vehicle Record m appropriate under the veh the general public.	ay be requ	ested. This	Μc	otor Vehicle Record	may be	obtaine	d as of	ften as deemed
I hereby authorize UAB, agree to provide whatever may be obtained by an in of my insurability.	informatio	on is required i	in (order to facilitate ac	cess. I un	derstan	d that t	this information
Print Full Name			 Sig	gnature				Date

Under terms and restrictions established by the Fair Credit Reporting Act and other legislation, the information being obtained under this release will not be used in violation of any federal or state equal opportunity law or regulation.