

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

TO: Risk Management Department  
University of San Diego

RE: Authorization to Obtain Motor Vehicle Reports

FR: \_\_\_\_\_  
Print Full Name Department

I am aware that motor vehicle reports may be obtained as part of USD's evaluation of my job application and/or employment. The reports may be procured by USD, its broker of record or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, and an assessment of my insurability for the insurance program.

By signing this letter, I hereby provide my authorization for USD or their insurance company representative(s) to procure such information and reports, from time-to-time as deemed appropriate, to evaluate my insurability.

<p><b>Please Print the Following Information</b></p> <p>Full Name as it appears on Driver License: _____</p> <p>Date of Birth: _____ (mm/dd/yyyy)</p> <p>Driver License Number : _____</p> <p>State Issued: _____</p> <p>Expiration Date: _____ (mm/dd/yyyy)</p>
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Signature: \_\_\_\_\_

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