



Release for Motor Vehicle Report

Last Name:			First Name:		
CSU ID#:		Department/Student Organization:		Campus Ext:	
Check one:	<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Job Applicant	
EMPLOYEES Check one:	<input type="checkbox"/> Faculty	<input type="checkbox"/> Classified Staff	<input type="checkbox"/> Professional Staff	<input type="checkbox"/> Student Employee	<input type="checkbox"/> Graduate Assistant
Current Home Address:		City	State	Zip	
Driver's License #:		State of License:	Date Issued:	Expiration Date:	
Driver's Date of Birth (month, date, year):					

**Attach a copy of driver's license and return form to:
 Department of Human Resources, AC 113
 216-687-3636**

I hereby authorize Cleveland State University, or its authorized agent, to obtain records from various Federal, State and other agencies which maintain records pertaining to my driver's license and driving record. I authorize any party or agency contacted to furnish the above-mentioned information and release all parties involved from any liability and/or responsibility for doing so. I recognize that as long as I continue to drive University vehicles, these inquiries will be made on an annual basis (unless otherwise notified) in the future and no further authorization is required by me. I understand that before my driving privileges for the University are in any way affected, I will be provided with a copy of the report and a description in writing of my rights concerning that report under federal and state laws.

 Driver's Signature

 Date

**Additional signature is needed for RENTAL of vehicle:
 This individual has my authorization to rent vehicles on CSU business:**

 Print name of Supervisor/Department Head

 Signature of Supervisor/Department Head/Date