

**Motor Vehicle Report Authorization Form**

Effective: Aug. 2008

TO: Office of Financial Affairs  
Attn: Wanda Givens/Tristen Dieffenbach (674-7340/7297)  
Dept. \_\_\_\_\_  
Name & Email (of supervisor that should receive results) \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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As an employee/student of Florida Institute of Technology, I am aware that motor vehicle reports may be procured by Florida Institute of Technology or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program.

By signing this letter, I provide my authorization for Florida Institute of Technology or their insurance company representative(s) to procure such information and reports to evaluate my insurability without limitation.

Applicant Signature: \_\_\_\_\_

Status (circle one) : Staff Faculty Student

Name, as it appears on Driver License: (**please print legibly below**):

\_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Remember to attach a copy of your license and Florida Tech identification**

For Office use only
Date ____/____/____
Approved <input type="checkbox"/>
Denied <input type="checkbox"/>