

Select: Pre-Employment Faculty Student Staff

I, _____ (name of driver) Florida Tech ID Number _____

Email address: _____, understand that the Driver's Privacy Protection Act of 1994 (18 U.S.C.A. §, 2721) prohibits the release and use of certain personal information from state motor vehicle records; however, pursuant to 18 U.S.C.A. § 2721 (13), I hereby consent to permit FLORIDA INSTITUTE OF TECHNOLOGY or its insurance company representative(s) to obtain motor vehicle records from any state's records annually. **I understand and agree that if I am unable, for any reason to maintain a U.S. valid driver's license, I will not be authorized to operate a Florida Tech-owned vehicle. I acknowledge that all drivers must notify their supervisor immediately following receipt of a license suspension, citation or revocation. Accordingly, I further acknowledge and agree that any failure on my part to immediately make such notification may result in disciplinary action up to and including termination of my employment. For nonemployee drivers it may result in losing driving privileges of Florida Tech vehicles. By signing this, I provide my authorization to procure such information and reports to evaluate my insurability without limitation.**

1. My date of birth is _____
2. My current driver's license was issued in the State of _____ Number of years licensed in the current state _____ (If less than 3 years fill out #5)
3. My current driver's license number is _____ (Please attach a copy of your driver's license)
4. My address as it appears on my driver's license is _____ City _____ State _____ Zipcode _____
5. I have also held a driver's license in the following state(s): _____ Driver's license number in those states State _____ Driver's license number _____ State _____ Driver's license number _____ Added information _____ _____

Signature of person giving consent _____ **Date signed** _____

Department _____

Supervisor Name _____

Supervisor Email _____

Supervisor Signature _____

Email addresses of Risk Management staff responsible for submission: **fbaarman@fit.edu**

Both MVR Consent Form and Florida Tech MVR spreadsheet must be completed and emailed