



CONSENT TO OBTAIN STATE MOTOR VEHICLE RECORDS

Section: Preemployment Faculty Student Sta

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 that the Driver's Privacy Protection Act of 1994 (18 U.S.C.A. § 2721 (13)) 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.

1. My date of birth is _____	
2. My date of license issuance is _____ Number of years since issuance (If less than three years, list out #5)	
3. My current driver's license number is _____ (Please include state abbreviation)	
4. My address as it appears on my driver's license is _____ City _____ State _____ ZIP _____	
5. I have also held a driver's license in the following state(s) _____ Licensee Name: _____ State _____ Driver's license number _____ State _____ Driver's license number _____ Added information _____	
6. Reason for MVR request: <input type="checkbox"/> New hire	