



# Insurance & Claims Management

Finance & Administration

UNIVERSITY OF GEORGIA

## Consent for Motor Vehicle Records Investigation

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### To be completed by department

Department \_\_\_\_\_

Departmental contact name \_\_\_\_\_

Contact email address \_\_\_\_\_ Contact daytime phone \_\_\_\_\_

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### All fields below are required

Name of employee (exactly as it appears on current driver's license):

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender F  M

Current Address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other names used \_\_\_\_\_  
Include maiden or any other name changes

Driver's License State \_\_\_\_\_ DL # \_\_\_\_\_

In connection with your duties with The University of Georgia, you understand that reports may be requested and may involve public record or various federal, state, or local agencies.

You hereby authorize the obtaining of your motor vehicle records. And by signing below, you hereby authorize without reservation, any party or agency contacted by the University of Georgia to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email this form to:  
UGA Police Department  
ugpdmvr@police.uga.edu