

# CONFIDENTIAL

## SAINT MARY'S COLLEGE of CALIFORNIA

### AUTHORIZATION TO ACCESS MOTOR VEHICLE REPORT

It is understood that my job or participation in a course at Saint Mary's College of California may require me to drive either a College owned vehicle, a College leased/rented vehicle, or my own vehicle. I understand the insurance carrier writing the College's automobile insurance requires a copy of my current driving record to assess my insurability. I also understand that I have the right to see a copy of my Motor Vehicle Report.

By this letter, I hereby authorize the insurance company and/or its agent to obtain the necessary motor vehicle records and authorize them to send a copy of my Motor Vehicle Report to the College.

\_\_\_\_\_  
Print Name (as it appears on driver license)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver License # (Not vehicle plate #)

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Course/Department

Instructor/Supervisor: \_\_\_\_\_  
Name

E-Mail: \_\_\_\_\_  
(Instructor/Supervisor)

Phone: \_\_\_\_\_  
(Instructor/Supervisor)

**Please circle one:**

Student

Employee

Volunteer

1/20/2015

NOTE: If your information is not printed clearly above it will delay processing of your Motor Vehicle Release form.