



RECREATIONAL SPORTS

Motor Vehicle Records Check

All drivers for Club Sport trips, including drivers of personal vehicles, rental vehicles, and/or University motor pool vehicles must complete a MVR Check each academic year.

Complete and sign the following page and submit to the Office of Insurance, Loss Control & Claims using the submission options listed on the form.

A social security number (SSN) is required only if you have a license issued outside Indiana. If your SSN is included on the form, you must mail, bring it in person to our office, or call Heather Teague at 812-855-9758. Never send your SSN via fax or email.

Authorization Form for Motor Vehicle Records Check

NOT FOR USE BY EMPLOYEES

This form is not to be used for permission to operate University vehicles!

The purpose of this form is to obtain your authorization to conduct a Motor Vehicle Records (MVR) check for the university's use in determining if you have a valid operator's license. Only information related to driver's license will be obtained.

Please complete and submit this form via fax (812-855-9320), Email (hteague@iu.edu), mail or walk-in to the Office of Insurance, Loss Control & Claims, 2805 E 10th Street, Room 110, Bloomington 47405 (Smith Research Center). This form will need to be completed again only if the state issuing the driver's license or your name changes.

(Please type or print as shown on your driver's license. All fields marked * are required.)

*Name: Last _____ First _____ Middle _____

Email address _____

****SSN (see below)**

*Driver's License Number [Restricted information. After emailing or faxing form, call Heather at 855-9758 and give her your DL number.]

*State/Province/Territory of Issue _____

*Home Address: Street _____

City _____ State _____ Zip _____

*Department/Organization requiring this check _____

*Contact person's email address _____

I authorize The Trustees of Indiana University to obtain driver's license information from any state or jurisdiction that I have been licensed to drive motor vehicles and to share this information with the appropriate university officials.

Signature _____ Date _____

AuthorizationFormForMotorVehiclesRecordCheck v2.docx 9/9/2014

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