

EMORY UNIVERSITY CONSENT FORM

I hereby authorize Emory University to receive information limited to my driving record from state or local motor vehicle agencies. I understand that this information is for the specific purpose of determining eligibility to drive vehicles for Emory University during functions that require travel. This information will be kept confidential.

FULL NAME
(PRINTED, AS LISTED ON DRIVERS' LICENSE)

STREET ADDRESS

CITY, STATE & ZIP

DRIVER'S LICENSE NUMBER

STATE OR COUNTRY OF ISSUE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

WITNESS SIGNATURE

DRIVER SIGNATURE

DATE

PLEASE RETURN RESULTS OF RECORD CHECK TO:

**THIS FORM MUST BE SUBMITTED
IN PERSON, COMPLETE WITH
ORIGINAL SIGNATURE.**

****PLEASE BRING YOUR LICENSE
WITH YOU.****

**A COPY OF THE DRIVERS
LICENSE WILL BE MADE WHEN
THE FORM IS TURNED IN.**

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