

Acknowledgement of Employer's Right and Need for MVR Information

Employee understands Goshen College must comply with statutory insurance requirements as they pertain to employees driving Goshen College vehicles. By the signature below, the employee acknowledges and agrees that Goshen College is entitled to receive or send proof of license(s) and/or motor vehicle reports and records (MVR records), from employee and/or Goshen College's insurance company for motor vehicle coverage.

Please provide the information below in order for the College to obtain the most accurate MVR. HR will provide your social security number.

Goshen College and employees understand that use of these records are limited to Goshen College's obligation to comply with statutory insurance requirements and/or with the underwriting process relating to securing insurance coverage. Goshen College will exercise best efforts to limit use of records as herein specified.

Physical Plant will provide required information but the search will be conducted by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; 1.888.946.8355; www.intellicorp.net**

Employee Full Name as found on driver's license (Please Print)

Date of Birth

Driver's License Number

State of Issuance

Driver's License Expiration Date

This form authorizes Goshen College to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment.

Employee's Signature

Date

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. "Federal Driver's Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

