

Motor Vehicle Record (MVR) Release and Information Form

Please provide all requested information and return form to UK Risk Management

UK Risk Management
306 Peterson Service Building
Lexington, KY 40506-0005
Phone: (859) 257-3708 Fax: (859) 257-1050

Services provided by:
Sonic e-Learning Inc.
Phone: (877) 867-6642 Fax: (866) 462-6316

Please attach copy of Drivers' License here.

Department Information:

UK Department: _____ Department Number: _____

Supervisor/Contact: _____ Supv/Contact Phone: _____

Driver Information:

Name: _____ Work Phone: _____
Exactly as it appears on Drivers' license

Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Date of Birth: _____

Drivers License Number: _____ State: _____

Years Driving Experience Yrs: _____ Mos: _____ Date of Hire: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to the University of Kentucky to obtain such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Failure to provide all information requested may result in a delay of UK driving privileges.

Driver's Signature: X _____ Date: _____

Risk Management Department Use only.

MVR Req

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Rec'd

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Filed

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Referred

☐

Supv

☐

HR

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ARB