

CENTENARY COLLEGE DEPARTMENT OF PUBLIC SAFETY

P.O. Box 41188, 2911 Centenary Blvd. Shreveport LA 71134-1188

Telephone (318) 869-5000

MOTOR VEHICLE RECORDS RELEASE FORM

I, _____, give permission to Centenary College of
(Please print)

Louisiana, through the Office of Risk Management, to check my Driving Record.

Current Driver's License: State: _____ License #: _____

Social Security #: _____ Date of Birth: _____

Requesting Department: _____

I have read and understand the personnel policy with reference to the Motor Vehicle Driver and agree to follow all rules and regulations stated in the policy.

I understand that this information will be used to determine my eligibility as a driver for the College, and that this information will become a part of my personnel or student record.

As an employee or student, I agree to inform the Department of Public Safety of any changes that are applied to my driving record after I have been approved to drive for the College.

Employee/Student Signature: _____ Date: _____
