



Centenary College of Louisiana

Motor Vehicle Records Release Form

I, _____, give permission to Centenary College of Louisiana, through the office of Risk Management, to obtain my Motor Vehicle Record from the state of _____.

Social Security Number _____

Date of Birth _____

Driver's License Number _____.

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 Office of Finance and Administrative or the Department of Facilities Services, respectively, of any changes that are applied to my driving records after I have been approved to drive for the College.

Employee/Student Signature

Date