

MOTOR VEHICLE RECORD AUTHORIZATION

This form authorizes Logistics, Transportation & Parking (LTP) – Fleet Services to conduct a motor vehicle record check to verify eligibility to operate University of Michigan (U-M) vehicles.

Form Instructions:

- **Complete** each section of the form
- Print and fax this form to (734) 763-1470 or email to mvr-check@umich.edu
- If you have any questions, call (734) 764-3427

Requestor U-M status (check one box)

- Pre-employment Contract employee Resident of Puerto Rico
- Special Situation (please define) _____

Requestor Information

Full Name _____

** Name as it appears on your drivers license – first, middle, last **

Address _____

City, State, Zip Code _____

Issuing State/US Territory/Province _____

Drivers License Number _____

Date of Birth _____ License Expiration Date _____

Authorization

I certify that the information provided is accurate and will be used to conduct a motor vehicle record check to verify my eligibility to operate U-M vehicles.

Signature _____ Date _____

Department Information

Department _____

Contact Name _____

Phone # _____ Email _____

Shortcode _____

** This shortcode will be used to recharge any fees associated with the mvr check via service unit billing **

LTP Office Use Only

Notification _____ Date _____ Clerk _____