## **MVR RELEASE CONSENT FORM**

In conjunction with my potential and/or on-going emp	loyment at Eastern Illinois University
("the company"), I	(applicant) consent to the
(print) release of my Motor Vehicle Records (MVR) to the con	
use these records to evaluate my suitability to fulfill dr	riving duties that may be related to the
position for which I am applying and/or currently hold	. I also consent to the review, evaluation, and
other use of any MVR I may have provided to the com	pany.
This consent is given in satisfaction of Public Law 18 U	SC 2721 et. Seq., "Federal Drivers
Privacy Protection Act", and is intended to constitute	"written consent" as required by this Act.
This consent will remain in effect until termination of	employment.
Signed (applicant)	
Date:	<del></del>
Drivers' License Number:	State:
Social Security Number:	s
Birth Data	