REQUEST FOR CHECK OF DRIVING RECORD				
I hereby authorize you to release the following information to Troy University for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.				
	(Applica	ant's Signature)		_ (Date)
amended by hereby certify 1. 2. 3. 4. 5. I also hereby	e with the provisions of Section the Consumer Credit Reporting the following: The consumer (applicant) has The consumer (applicant) has may be obtained for employment information requested bel employment purposes) and will The information being obtained law or regulation; and Before taking an adverse action receive a copy of the requested report by the consumer report certify that this report request a uses" of state motor vehicle received.	authorized in writing been informed in a seent purposes; ow will be used for a ll be used for no other ad will not be used in a based in whole or in a report and the summing agency.	the procurement of this resparate written disclosure to "permissible purpose" (i.e. r purpose; violation of any federal or a part on the report the contary of consumer rights as not's release notice meet the	Public Law 104-208), I port; hat a consumer report ., information for state equal opportunity nsumer (applicant) will provided with the
	Law 103-322, Title XXX, Section			.,
DO NOT S	(Sign IGN – Internal Use Only	ature of Requester)		(Date)
The following named person has made application with our company for the position of In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with applicant's driving record for the past three years. The following named person is employed with our company in the position of In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's current driving record and annually as long as employed.				
FULL NAME OF APPLICANT / DRIVER				
DATE OF B	RIDTLI	LICENSE NO		CT A TE

REQUESTED BY: Troy University

Adams Administration Building

Department Name:_____

Troy, AL 36082

SOCIAL SECURITY NO._____