



AUTHORIZATION TO OBTAIN DRIVER HISTORY

By my signature below, I consent to the release of my driver record prepared by a consumer reporting agency, such as HireRight, Inc., or the Department of Motor Vehicles, to Regent University (the Company), and its designated representatives and agents.

I authorize the Department of Motor Vehicles in any state in which I may have been licensed to furnish any and all information on my driver history that is requested. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports throughout my employment, as long as I am required to drive on Regent business.

I certify the information I provided on this form is true and correct. I agree that this Authorization Form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any driver history reports that may be requested by or on behalf of the Company.

Supervisor Name _____

Department _____

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Social Security # _____ Date of Birth _____

Present Address _____

City/State/Zip _____

Driver's License # _____ State _____

IF YOU HAVE NOT HELD A DRIVER'S LICENSE IN THE STATE LISTED ABOVE FOR AT LEAST THREE YEARS, LIST ADDITIONAL INFORMATION BELOW:

Previous Driver's License # _____ State _____

Previous Driver's License # _____ State _____