



Kentucky Christian University

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Motor Vehicle Record CONSENT FORM

I, _____ (applicant complete name), hereby authorize **Kentucky Christian University** and/or its agents to make an independent investigation of my driving records, for the purpose of insurance verification to drive a University vehicle during the tenure of my volunteering or employment with **Kentucky Christian University**.

I release **Kentucky Christian University** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Full name (printed)

Maiden name or other names used

Present street address

How long?

City/State

Zip

Former street address

How long?

City/State

Zip

County

Date of birth

Driver's license #

State of license

Signature

Date