Motor Vehicle Record (MVR) Release and Information Form

Please provide all requested information and email form to Eausby@uky.edu in UK Risk Management

Please attach scan of Drivers’ License.

**UK Risk Management**

**306 Peterson Service Building**

**Lexington, KY 40506-0005**

**Phone: (859) 257-3708**

**Services provided by:**

**Underwriter’s Safety & Claims**

**Phone: (502) 244-1343**

**Department Information:**

**UK Department:** **Department Number:**

# Supervisor/Contact:       Supervisor/Contact Phone:

**Driver Information: Check One \_\_\_Employee \_\_\_4H Volunteer \_\_\_Other: \_\_\_\_\_\_\_\_\_\_**

**Name:** **Work Phone:**

**Exactly as it appears on Drivers’ license**

**Address:** **City:      \_\_\_\_\_\_ ST:       Zip:**

**Sex:       Date of Birth:** **County:**

**Drivers License Number:       State:**

**Years Driving Experience Yrs.:** **\_\_Mos.:** **\_\_\_\_\_ Date of Hire:**

**In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.**

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information and agree to hold harmless, the University of Kentucky, its Board of Trustees, officers, employees, agents, and representatives from any liability and/or responsibility for doing so. I hereby give consent to the University of Kentucky to obtain such information from Underwriter’s Safety & Claims and/or any of their agents. This authorization and consent shall be valid in an original, fax, copy or electronic form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.**

**Failure to provide all information requested may result in a delay of University of Kentucky driving privileges.**

**Driver’s Signature: X Date:**

Email completed forms to Eunice Ausby at Eausby@uky.edu

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