Cleveland State University
Department of Risk Management
2121 Euclid Avenue, AC 205
Cleveland, Ohio 44115-2214
(216) 875-9801

Release for Motor Vehicle Report

Please Print:

Last Name:	First Name:		
CSU ID #:	Campus Extension		
Department Name:			
Check one: ☐ Employee ☐ Student ☐ Volunteer ☐ Job Applicant Student Organization Name:			
If Employee, check one: ☐ Faculty ☐ Classified Staff ☐ Professional Staff ☐ Student Employee ☐ Graduate Assistant			
Current Home Address : Street	City	State	Zip
(if you have been at your current address for less than two years)			
Former Home Address: Street	City	State	Zip
Driver's License Number: (attach copy)	State of License:	Date Issued:	Expiration Date:
Driver's Date of Birth: (month, date, year)			

I hereby authorize Cleveland State University, or its authorized agent, to obtain records from various Federal, State and other agencies which maintain records pertaining to my driver's license and driving record. I authorize any party or agency contacted to furnish the above-mentioned information and release all parties involved from any liability and/or responsibility for doing so. I recognize that as long as I continue to drive University vehicles, these inquiries may be made randomly in the future and no further authorization is required by me.

I understand that before my driving privileges for the University are in any way affected, I will be provided with a copy of the report and a description in writing of my rights concerning that report under federal and state laws.

Signature Date

Attach copy of driver's license and return to:
Risk Management Office, AC 205

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This person has my authorization to rent vehicles on CSU business: _____
Print Name of Department Head

Department Head Signature & Date: _____

Office use only. Department