



Motor Vehicle Record (MVR) Release and Information Form

Please provide all requested information and return the form to Parking & Fleet Management

Parking & Fleet Management
Phone: (773) 995-2141 Fax: (773) 995-3281
Email to: parking@csu.edu

Attach a copy of your
driver's license here.

Department Information :

Department Name: _____ **Department Phone Number:** _____

Driver Information:

Name: _____ **Cell Phone:** _____
Precisely as it appears on your driver's license

CSU ID (9000) #: _____

I hereby certify that I possessed a valid driver's license at the time of travel conducted on behalf of Chicago State University (CSU). I understand that investigative background inquiries, including motor vehicle record checks, may be conducted regarding my driving history. I acknowledge that such inquiries may occur periodically and that no additional authorization from me will be required for future checks.

Driver's/Release Signature: X _____ **Date:** _____

Fleet Management Use Only		Release to Department _____			
WEX card <input type="checkbox"/>	WEX agreement <input type="checkbox"/>	Drivers License # <input type="checkbox"/>	Keys <input type="checkbox"/>	Vehicle # _____	
Date Released: _____					
Vehicle <input type="checkbox"/>	WEX card <input type="checkbox"/>	Keys <input type="checkbox"/>	Gas Receipts <input type="checkbox"/>	Mileage Recorded <input type="checkbox"/>	Refueled <input type="checkbox"/>