



## **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 ☐ WEX agreement ☐ Drivers License # ☐ Keys ☐ Vehicle # \_\_\_\_\_

Date Released: \_\_\_\_\_

Vehicle ☐ WEX card ☐ Keys ☐ Gas Receipts ☐ Mileage Recorded ☐ Refueled ☐