## Motor Vehicle Record (MVR) Release and Information Form

Please provide all requested information and email form to <a href="mailto:Eausby@uky.edu">Eausby@uky.edu</a> in UK Risk Management

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

Please attach scan of Drivers' License.

Department Information:	
UK Department:	Department Number:
Supervisor/Contact:	Supervisor/Contact Phone:
Driver Information: Check OneEmploye	e4H VolunteerOther:
Name:Exactly as it appears on Drivers' license	Work Phone:
	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.	
agree to hold harmless, the University of Kentucky, representatives from any liability and/or responsibility Kentucky to obtain such information from Underwri	contacted to furnish the above-mentioned information and its Board of Trustees, officers, employees, agents, and y for doing so. I hereby give consent to the University of iter's Safety & Claims and/or any of their agents. This fax, copy or electronic form. I recognize that these inquiries chorization 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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