LETTER OF AUTHORIZATION
MOTOR VEHICLE REPORT
MUST BE SIGNED BY SMU EMPLOYEE AND/OR STUDENT

Southern Methodist University
OFFICE OF RISK MANAGEMENT
Dawson Service Center Suite 100
3050 Dyer Court P.O. Box 750231
Dallas, TX 75275

Attention:

To the Authorized Representative of Southern Methodist University:

I am aware that consumer and motor vehicle reports may be obtained as part of Southern Methodist University's evaluation of my job application, employment, and/or qualification to drive and operate a University owned, courtesy, leased or rental vehicle in the process of performing duties outlined in my job and/or employment description The reports may be procured by Southern Methodist University, and may include personal information obtained from state motor vehicle departments, and my driving record.

By signing this letter, I hereby provide my authorization for Southern Methodist University to procure such information and reports, as an assessment of my insurability for the SMU fleet safety program to evaluate my ability to operate a motor vehicle as part of my employment.

_____
Signature Applicant/Employee Date

□ *FACULTY* □ *STAFF* □ *STUDENT*
(Please check appropriate box)

_____
Name as It Appears on Driver License *(Print Legible)*

_____
Driver License Number ****State of Issuance****

_____
Date of Birth

_____
Department or Organization

_____
Supervisor or Staff Designee Date