



## DISCLOSURE AND AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT INFORMATION

In connection with my potential and/or on-going employment with Rhode Island School of Design ("RISD"), I authorize RISD to request a Motor Vehicle Report (MVR) on me for employment purposes from an external reporting agency. Such reports will consist of information concerning my motor vehicle and driving history, including traffic citations. I understand that my motor vehicle and driving history records may reveal information as to my character, general reputation, personal characteristics, and/or mode of living.

I authorize any person, business entity, or governmental agency that may have information relevant to the above to disclose the same to RISD and external reporting agency. I authorize RISD to share such information with parties in interest who have a "need to know" such information in order to implement this policy, such as the Fleet Safety Committee, HR, Counsel and supervisors. RISD's external reporting agency does not sell or otherwise provide any of the information found in its background investigations to any party other than RISD.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any MVR of which I am the subject upon my written request to that reporting agency. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with RISD. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted, or fraudulent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IDENTIFYING INFORMATION FOR REPORTING AGENCY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a MVR search.