

**NOTRE DAME ATHLETICS TEAM TRAVEL POLICY
AUTHORIZATION FOR DRIVING RECORD (FORM C)**

**NOTICE REGARDING MOTOR VEHICLE RECORD CHECK
IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION**

The University of Notre Dame (“the University”) intends to conduct a motor vehicle record check to verify your suitability to serve as a driver under the University’s Department of Athletics Team Travel Policy. Upon your execution of the following Authorization, the University may obtain assistance in obtaining your motor vehicle record from an outside agency. Execution of the following Authorization is a required step if you wish to serve as a driver under the University’s Department of Athletics Team Travel Policy.

If the University intends to use any information obtained through this motor vehicle record check in whole or in part in making an adverse employment decision, the University will provide you with (1) a copy of your motor vehicle record and (2) a written summary of your rights under the Fair Credit Reporting Act before making the adverse decision.

AUTHORIZATION

I acknowledge receipt of the Notice Regarding Motor Vehicle Record Check (“the NOTICE”) set forth above, and certify that I have read and understand the NOTICE and this Authorization. I hereby authorize the University to obtain a motor vehicle record from an outside agency to verify my suitability to serve as a driver under the University’s Department of Athletics Team Travel Policy.

PRINTED NAME

SIGNATURE*

DATE

DATE OF BIRTH

DRIVER’S LICENSE (DL) NUMBER

TYPE OF DL (e.g., Operator, Chauffeur, Commercial)

DL EXPIRATION DATE

DL STATE OF ISSUE

PERMANENT STREET ADDRESS

DL DATE OF ISSUE

PERMANENT CITY, STATE, ZIP CODE

DRIVER’S AFFILIATED TEAM(S)

DRIVER SOCIAL SECURITY NUMBER

**Driver must print and sign this form. All other information may be completed electronically.*