REQUEST FOR ABSTRACT OF DRIVING RECORD
AGENTS FOR INSTITUTION

Prior to operating a vehicle owned by Concordia College, an abstract of driving record must be obtained through the Division of Motor Vehicles of the licensing state. The DMV will not provide a driving record unless this form is signed by a representative and the student.

INSTITUTION: **Concordia College Corporation**
901 South 8th Street
Moorhead, MN 56562

I hereby certify that this company is the institution of the named individual and that the abstract of record shall be used exclusively to determine whether the named individual should be allowed to operate institutionally-owned vehicles, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. The information contained in the abstract of the driver record obtained from the Division of Motor Vehicles shall be used in accordance with requirements and in no way violate the student's right to privacy.

Kroll Background America is an agent of the institution and is authorized to obtain the abstract of record on the employer's behalf.

STUDENT or EMPLOYEE (circle one)

*NAME: _____
Last First Middle

*HOME ADDRESS: _____

***STATE & DRIVER'S LICENSE #:** _____

*DATE OF BIRTH (Month, Day, Year): _____ Cell Phone # _____

WILL YOU BE DRIVING: a standard car_____ a passenger van_____ periodically driving either one_____

*** **There is an On-Line Alert Driver's Course which you will be required to take. Please take note of an email from Educational and Institutional Insurance Administrators, Inc. [support@alertdriving.com]**

Your E-mail:_____

Dept/Student Organization you will be driving for:_____ Person in charge: _____

During the past three years, have you had an accident or traffic violation? _____Yes ____No *(If yes, please explain on back.)*

I hereby authorize the Division of Motor Vehicles to forward my driving record to the above agent for the institution. I understand that this release form shall remain in effect for the duration of my term with said institution.

_____ _____
Student/Employee Signature Date
*** Required for Record**

(Please copy front side of driver's license in the space below)

Return completed form to Karleen Mjolsness, Business Office/Risk Management & Safety