

# EMORY UNIVERSITY CONSENT FORM

I hereby authorize Emory University to receive information limited to my driving record from state or local motor vehicle agencies. I understand that this information is for the specific purpose of determining eligibility to drive vehicles for Emory University during functions that require travel. This information will be kept confidential.

\_\_\_\_\_  
FULL NAME  
(PRINTED, AS LISTED ON DRIVERS' LICENSE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE & ZIP

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
STATE OR COUNTRY OF ISSUE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
EMORY EMAIL ADDRESS

\_\_\_\_\_  
DATE

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PLEASE RETURN RESULTS OF RECORD CHECK TO:

**THIS FORM MUST BE SUBMITTED  
IN PERSON, COMPLETE WITH  
ORIGINAL SIGNATURE.**

**\*\*PLEASE BRING YOUR LICENSE  
WITH YOU.\*\***

**A COPY OF THE DRIVERS  
LICENSE WILL BE MADE WHEN  
THE FORM IS TURNED IN.**

Carla Sanders  
Office of Student Leadership & Service  
404-727-6169  
cmsand3@emory.edu