

**Student Driver Motor Vehicle Record Check  
Iowa State University**

**TO:** Iowa State Transportation Services (for holders of Iowa driver's license), Haber Road,  
Fax number: 515-294-4838  
Iowa State University Department of Public Safety (for holders of out-of-state driver's license),  
55 Armory, FAX number: 515-294-0383

I am a student at Iowa State University and request permission to drive university owned vehicles for authorized student organization travel and in conformance with Iowa State University policies.

I hereby authorize Iowa State University to check information concerning my driving record at any time until such date as I inform the Office of Risk Management in writing that I withdraw this authorization. (I agree that upon withdrawing this authorization, I will not operate any university vehicle.) I also authorize the State of \_\_\_\_\_ to release to Iowa State University any information concerning my driving record. I understand that this information will be used to determine my eligibility to drive university vehicles subject to compliance with policy requirements. I hereby release Iowa State University and any agency named above from any liability arising from this action.

I have been informed of the following requirements of the law governing the operation of motor vehicles and the ISU Fleet Safety Policy:

- Drivers of University vehicles must be at least 18 years old.
- Operation of a motor vehicle is prohibited unless I have a current valid driver's license required for the type of vehicle operated with the appropriate classifications, restrictions and endorsements.
- Drivers of University vehicles must have satisfactorily completed a motor vehicle record check prior to using a University vehicle and at least every six months thereafter.
- I agree to notify my student organization advisor and the Office of Risk Management of any motor vehicle conviction or charges pending (other than parking violations) including but not limited to notice of violation of statutes that affects my driver's license, or in the event that my driving privileges are suspended, revoked, or barred for violating such statutes, such as Operating While Intoxicated, vehicular homicide or habitual violations, or any driving offense punishable as a felony.

\_\_\_\_\_  
**Date of Request**

\_\_\_\_\_  
**Full Name (print or type)**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Driver License Number**

\_\_\_\_\_  
**Driver License State**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**License Expiration Date**

\_\_\_\_\_  
**Student Organization/Dept. Name**

\_\_\_\_\_  
**Organization Advisor's/Dept Supervisor Name**

\_\_\_\_\_  
**Advisor's /Supervisor's Phone Number**

\_\_\_\_\_  
**Advisor's/Supervisor's E-Mail Address**