



Kettering University

Motor Vehicle Report Authorization

State of Michigan

*Please complete, print, sign, date, & forward this form to Purchasing, Rm 5-600CC.
We will forward a copy of your MVR to you at the address you specify below.*

Name: _____
(Last) (First) (Middle Initial)

Date of Birth: _____
Month Day Year

Driver's License Number: _____

Forward copy of MVR to (check one): home address work address contact address

Student drivers provide the following:

Section:
Destination:
Departure:
Return date:
Contact:

I understand that a request for a copy of my motor vehicle report, that may contain public record information, is required. I hereby authorize, without reservation, any party or agency contacted by you, Kettering University, to request and furnish a copy of my Motor Vehicle Report. I understand that this information may be in the files of any state or local agency.

Signature

Date

BUSINESS OFFICE USE ONLY:

Receipt Date:

Approved or Denied

Initials: