

Authorization Form for Records Check (Use of College Vehicles)

Name: (Please	Print Clearly)			
`	<i>37</i> <u>—</u>	First	Middle	Last
Address:				
DOB:				
Driver's Licens	se Number:			
understand that conducted. All my personnel necessary to see I hereby release Hood College.	t a Motor Vehic information rece file. Hood Coll cure these records se and waive my	ele records and a cived will be main lege may employ s, in accordance was rights regarding	d as a condition of drivice criminal background rationed as confidential, by such persons and/or to the Fair Credit Report these records and authority of the conditions of th	records check will be ut may become part of third parties it deems ting Act as applicable.
•	e and hold harmle cure the aforemen	•	its officers and agents as	s well as those persons
Signature:				
Date:				
Supervisor:				
Department dri	ving for:			