

# MILLIKIN UNIVERSITY

## Motor Vehicle Driving Application and MVR Release Form

I understand that investigative background inquiries are to be made concerning my motor vehicle driving record.

I authorize, without reservation, any party or agency contacted by this organization to furnish the above mentioned information.

I hereby give consent to Millikin University and/or its background check provider to obtain the above information to aid in the proper identification of my file and/or records, the following information, and I hereby furnish it without reservation.

### Please Print Clearly

Name	Millikin ID#	
Address		
City	State	Zip Code
Social Security#	Date of Birth	
Drivers License Number	State/Province Issued by	
Year License First Obtained	Years of Driving Experience	
Category	Vehicle Type	
Department/Program		
Email Address		

Applicant's Signature \_\_\_\_\_

This release form alone does not grant the applicant to be a Millikin University authorized driver. The assigned on-line defensive driving course and tests must be successfully completed. On-line and password information will be sent to the email address listed.

\*\*\*The on-line defensive driving test must be completed within 30 days from the date the test are assigned.