



Release for Motor Vehicle Report

Last Name:		First Name:	
CSU ID #:		Department/Student Organization:	
CSU Classification (Check One)	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student		
Current Home Address:			
City:	State:	Zip Code:	
Driver's License #:		State of License:	
Date Issued:	Expiration Date:	Driver's Date of Birth:	

Submit form by email to transportation@csuohio.edu _____ . Incomplete forms will not be processed.

I hereby authorize Cleveland State University, or its authorized agent to obtain records from various Federal, State, and other agencies which maintain records pertaining to my driver's license and driving record. I authorize any party or agency contacted to furnish the above-mentioned information and release all parties involved from any liability and/or responsibility for doing so. I recognize a Motor Vehicle Report may be run on a semester basis as long as I continue to rent vehicles for university related business and no further authorization is required by me.

Signature _____ Date _____

Additional signature is required for rental of vehicle. This individual has my authorization to rent vehicles on CSU business:

Print name of Supervisor/Advisor/Department Head Signature of Supervisor/Advisor/Department Head Date