



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