



Please send this completed form and a copy/picture of your driver's license to motorpool@wabash.edu .

I am aware that motor vehicle reports (MVRs) may be required by Wabash College for evaluation of my eligibility to drive any vehicle rented or owned by the College.

By signing this letter, I hereby agree to provide Wabash College such information and reports, as well as additional reports about me from time to time as deemed appropriate, to evaluate my insurability.

Name as it appears on your Driver's License

Signature

Date

To sign electronically, type your full name. By typing your full name on the line above, you are agreeing to the terms listed above and consent just the same as signing your name by hand.

Cell Number

Campus Email

I have received and read a copy of The Motorpool Procedures (initial) _____

“Personal Information” consists of the following: name, address, Social Security number, driver’s license number, medical OR disability information, photographs, computer images, and telephone number. All other information may be provided.

Place an “X” in front of the category that describes your reason for obtaining the records being requested. If applicable, after your selection provide the additionally requested information. You may mark only one category per request form. Only those persons who are listed below may receive “personal information.”

- * ☐ **I am the person named in these records.**
- * ☐ The parent or legal guardian of the minor person(s) named in these records.
- * ☐ An individual or representative of an organization which has written permission to receive this/these document(s) from the person(s) or his or her parent or legal guardian if the person is a minor. A copy of the document granting this permission is attached. This document includes the name of the requester, a statement of permission for the Indiana Bureau of Motor Vehicles to release the personal information, the printed name and notarized signature of the individual whose personal information is being obtained, and the date the permission was granted.
- * ☐ The employer of the person(s) or its representative. These records are necessary to comply with federal laws regarding commercial driver’s licenses. Organization: _____
- ** ☐ A person required by law to give notice to a previous owner of a motor vehicle (including a person an applicant for a mechanic’s lien title or Affidavit of Ownership title).
- ☐ **None of the above. Personal information regarding the person(s) will not be provided.**

* For vehicle records purposes, no personal information of any prior owners of the vehicle will be provided.

** For vehicle records purposes, only the personal information of the most recent owner of the vehicle will be provided.

By law, personal information may NOT be resold or re-disclosed for the purpose of distributing surveys, marketing, or solicitation.

“A person requesting the disclosure of personal information from Bureau Records will knowingly or intentionally misrepresents the person’s identity or makes a false statement to the Bureau on an application required to be submitted under this chapter commits a Class C misdemeanor.” IC 9-14-3.5-15

“The Bureau may disclose personal information to a person if the person requesting the information provides proof of identity ...” IC 9-14-3.5-10

Printed Name	Signature		Date (month, day, year)
Driver’s License Number	State of Issuance	Expiration Date	Date of Birth (month, day, year)

To sign electronically, type your full name. By typing your full name in the box above, you are agreeing to the terms listed above and consent just the same as signing your name by hand.