



Motor Vehicle Record (MVR) Release and Information Form

Please provide all requested information and return form to Parking & Fleet Management

Parking & Fleet Management
Phone: (773) 995-2141 Fax: (773) 995-3281
Email: parking@csu.edu

Department Information:

University Department: _____ Department Number: _____

Supervisor/Contact: _____

Driver Information:

Name: _____ Work Phone: _____
Exactly as it appears on Drivers' license

CSU ID 9000#: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information.

I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Driver's/Release Signature: X _____ Date: _____

Authorized Release -----Fleet Management Use Only

WEX card WEX agreement Driver Affidavit Driver's License # Keys
Vehicle # _____

Date Released: _____

Authorized Return -----Fleet Management Use Only

Vehicle WEX card Refueled Gas Receipts Mileage Recorded Keys

Reported Repairs/Concerns _____