

**DISCLOSURE AND RELEASE
OF CONSUMER REPORT INFORMATION**
Out-of-State Reviews ONLY

In connection with my application for employment at the University of Iowa, current employee or as a student being allowed to drive a University vehicle for participation in approved activities associated with approved UI student organization, I, (**print name CLEARLY**) _____ understand that a consumer report may be requested by the University of Iowa solely for the purpose of procuring information concerning my past three-year driving record to determine compliance with the University's Fleet Safety Program.

I hereby authorize, without reservation, any party or agency contacted by USIS Commercial Services, Inc. (USIS) or the University of Iowa to furnish the above-mentioned information and release and hold them harmless from any claim for liability as a result thereof. In signing this Release, I hereby authorize procurement of a consumer report of my past three-year driving record, to be provided to the University of Iowa.

I understand that if I sign this release that I have the right to make a request to USIS, upon proper identification, to request the nature and substance of the information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which USIS has previously furnished.

I understand that if I sign this release that this authorization shall remain on file for five (5) years and shall serve as ongoing authorization for the University of Iowa to procure consumer reports relating to my driving record, at any time during my employment, contract or involvement as a member of a University of Iowa student organization requesting use of University vehicles. I acknowledge that I have received/retained a copy of this form for my own records.

I voluntarily sign this release as my own free act and deed. No oral representations, statements, or inducements apart from the foregoing written agreement have been made, and I am at least eighteen (18) years of age and fully competent.

Today's Date: _____

Driver's License Number (**print CLEARLY**): _____ State: _____

Signature: _____ Telephone: _____

For Department only:

MFK Number (**required**): _____

Name of Department, Student Organization or Sports Club: _____

CONTACT NAME and PHONE #: _____

Check one of the following:

- Pre-employment
- UI employee
- Student Organization
- Sports Club

**Retain a copy for your records & forward original to 305 PCO
via campus mail, fax 353.1893 or scan and email to fleet-safety-program@uiowa.edu
(no later than **three** business days prior to trip departure)**

If questions, contact Risk Management: 335.3027