Motor Vehicle Record Disclosure and Release Form (Student form)

In connection with my use of a vehicle owned, rented or borrowed by University System of New Hampshire as a volunteer student driver, I understand that a motor vehicle record (or driver record), which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the aboveomobile

mentioned information to USNH, and Fred C insurance carrier.	. Church, Inc.(Broker) or its commercial automobile
	ment of my driver record. This authorization shall remain or you to procure such records at any time during my owed by USNH.
Name	
Signature	 Date
State of New Hampshire	
Date: 2021	
County of:	
Signed or attested before me on day of By	, 2021
	Affix Notary Seal
Signature of notary public/justice of the peace	

Notary Public, State of New Hampshire My Commission expires

Information needed to request Motor Vehicle Record

Full Legal Name (include middle name)
Address
Driver's License Number
State of Issuance
Date of Birth