

Driver Authorization for _____
(state)

I, _____, do hereby
(driver's printed name)

authorize the Division of Motor Vehicles to release my driving record to New Orleans Baptist Theological Seminary, 3939 Gentilly, New Orleans, LA 70126 504.816.8030 via MVR Inc.

This release shall remain in full force and effect until I, myself, file a formal withdrawal.

Driver's Full Name: _____

Driver's Date of Birth: _____

Driver's License's State: _____

Driver's License #: _____

Signature

Date

NOBTS Acct# _____ Dept: _____

(Signature of cost center supervisor or above) A \$25 charge will be applied to above account for the driving record check.