

## RM01 Student/Volunteer Approval Process

**NOTE: The approval process takes approximately 5 business days for processing.**

- Department determines the need for a student/volunteer to operate a vehicle on University Business and sends the completed RM01 and \*USA General Release Forms to Risk Management. Forms may be submitted via fax or Purdue FileLocker to Lisa Fortner. **Make sure to complete your department's account number (I/O or WBS #) in the middle section of the RM01 form.**
- Risk Management requests an MVR check and will notify both the driver and the departmental approver via email of approval or denial of Request for Driver Authorization.

**\*If a driver is licensed in the state of Georgia, Pennsylvania, or Washington, the USA General Release Form is not valid. Those drivers should locate and complete the state-specific release form on the Risk Management website.**



# USA General Disclosure and Consent Form for Motor Vehicle Reports

Purdue University  
401 South Grant Street  
West Lafayette, IN, 47907  
Phone: (765) 494-1690

## Requestor Information:

Company Name: Purdue University

Contact Person: Lisa Fortner

Contact Phone: 765-494-8104

Contact Fax: 765-496-1338

## Applicant/Subject Information: *Please Type or Clearly Print All Requested Information*

Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

PUID: \_\_\_\_\_ Department Name: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In connection with your request to operate a vehicle on Purdue University business, a consumer report, as defined by the Fair Credit Reporting Act ("FCRA"), may be obtained by Purdue University from an external Consumer Reporting Agency. Purdue University may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to your driving records.

I hereby authorize Purdue University to obtain consumer reports related to my driving records at any time after receipt of this authorization, to the extent allowed by law, so long as I continue to operate a vehicle on behalf of Purdue University. I agree that this Authorization will be valid, now or in the future, in original, facsimile, copied, or electronic form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

I hereby consent to Purdue University obtaining such information from Sonic e-Learning Inc. and/or any of their agents.

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: X \_\_\_\_\_

Please fax completed form to Purdue University Risk Management at 765-496-1338