

**The University of Mississippi**  
**AUTHORIZATION FOR MOTOR VEHICLE RECORD CHECKS**

**NOTICE: This consent form is limited only to background checks involving motor vehicle records.**

**DISCLOSURE AND CONSENT FORM**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize The University of Mississippi as well as its designated agents and representatives (the "University") to conduct a review of my motor vehicle records background through a consumer reporting agency. I understand the scope of the consumer report or reports may include the following areas: motor vehicle record searches. A summary of your rights under the Fair Credit Reporting Act is provided in the attached document, or viewable at <https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>.

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Consent form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports prepared by a consumer reporting agency and/or the University, including its designated representatives and agents as well as insurers. I am authorizing the University, including its agents, assigns, and affiliated entities, to obtain motor vehicle reports, and this consent shall apply at any time during my employment or independent contractor relationship with the University.

I also understand that information contained in my application or otherwise disclosed by me before or during my appointment or employment, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize individuals, institutions or agencies contacted by the University as well as its designated agents or representatives to furnish information as stated above. I understand that information pertaining to me and obtained through motor vehicle reports may be used for hiring, employment, or underwriting purposes.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Consent form, whether in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the University.

Last Name (Printed)

First

Middle

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

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

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Guardian Signature if individual is under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_