



Office of Human Resources Consent Form – Motor Vehicle Check

PART 1: Department Contact Information

Name	Department Name	Email Address	Phone Number

PART 2: Position Information

Department/Position Number: _____ / _____

Employee Status: permanent temporary student

Funding Source (Check One): E&G Other

Account Number: _____

PART 3: License Information – Copy of License Must Be Attached

First Name	Middle Initial	Last Name
Driver's License Number	State Licensed In	Expiration Date
Social Security Number		Date of Birth

PART 4: Authorization

I hereby authorize Clemson University Office of Human Resources and/or its agents to make an independent investigation of my driving record for the purpose of confirming the information contained on this form. I release Clemson University and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources. I hereby certify that all information I have provided on this form is true and complete to the best of my knowledge and belief. If hired, I understand the university may terminate me if false or misleading information is given in order to meet the requirements for the position involved.

SIGNATURE: _____

DATE: _____