



**A CLEAR COPY OF YOUR DRIVER'S LICENSE MUST ACCOMPANY THIS FORM**

**Driver's License Check Authorization Form**

Department: \_\_\_\_\_

Date: \_\_\_\_\_

**I hereby authorize M&T Insurance Agency, Inc., a subsidiary of M&T Bank, to order a motor vehicle report. I further authorize M&T Insurance Agency Inc., to share the information from the report with Niagara University. I understand that the purpose of the report is to determine my eligibility for authorization to drive a University owned vehicle or any privately owned vehicle for University business. I understand that there will be a yearly review of this check.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please check one of the following:**

Student \_\_\_\_\_

Employee \_\_\_\_\_

Possible Hire \_\_\_\_\_ (Department must notify Business Services if person is hired)

Is **student** driving an NU or a privately owned vehicle? Please check one.

NU \_\_\_\_\_

**\*Privately Owned** \_\_\_\_\_

**\*Student must submit insurance card to requesting department prior to submitting MVR request.**



