



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
APPLICATION FOR COPY OF DRIVER RECORD

- 1. Name - DOB - License Status - Latest Address.
2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period
2A. CERTIFIED version of #2. This Record Is Not Acceptable for DDC Course
3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to License ONLY.
3A. CERTIFIED version of #3. Furnished to Licensee ONLY and is Acceptable for DDC Course
Other: (Original Application, DWLS, etc.) (If Required)

MAIL DRIVER RECORD TO: (PLEASE TYPE OR PRINT):

Requestor's Name: Amy Nicolls - UTRGV Facilities Planning & Operations
Address: 501 N. Sugar Road
City, State, Zip Code: Edinburg, Texas 78539 Telephone #: 956-665-2793

If requesting on behalf of a business, organization, or other entity, please include the following:

Requestor's / Business Name: The University of Texas Rio Grande Valley
Your Title or Affiliation with above: Amy Nicolls - Administrative Assistant II
Type of Business, organization, etc. State University

INFORMATION REQUESTED ON:

Texas Driver License #: Date of Birth (Month/Day/Year):
Last Name: First Name: Middle/Maiden:
Driver Safety Training Completion Date:
Department Name: Campus Location:
E-Mail Address: Phone #:

INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR:

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ ID card holder, the record you receive will not include personal information.)

I, hereby certify that I grant access on this one occasion to my Driver Licensed Card. record, inclusive of the personal information (name, address, driver identification number, etc.) to The University of Texas Rio Grande Valley.

Signature of License/ID Card Harder or Parent/Legal Guardian Date

APPROVAL:

State and federal law requires requestors to agree to the following:
In requesting and using this information, I acknowledge that this disclosure is subject to the federal Drivers Privacy Protection Act (18 U.S. C. Sect. 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPRS could result in the denial to release any driver record information to myself and the entity for which i made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the state purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor (Amy Nicolls) Date