



Environmental Health Safety &  
Risk Management  
New Mexico State University  
MSC 3578/P.O. Box 30001  
Las Cruces, NM 88003-8001  
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[www.nmsu.edu/safety](http://www.nmsu.edu/safety)

## AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

In connection with your employment and registration to drive University vehicles, New Mexico State University (NMSU) must obtain a consumer report specific to your driving history records. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, we must have your written permission to obtain such records/information. I hereby authorize and permit **Environmental Health Safety & Risk Management (EHS&RM)** to obtain a consumer report that concerns any driving history.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as NMSU from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of the driving history report from EHS&RM after I have provided proper identification.

I hereby authorize NMSU EHS&RM to obtain a driving history as set forth above, as part of the driving application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name \_\_\_\_\_  
(Please print clearly)

\_\_\_\_\_  
Signature Date

Environmental Health Safety & Risk Management  
Box 30001, MSC 3578  
575-646-3327

NMSU Driver's Permit Registration

BANNER ID \_\_\_\_\_ EMAIL: \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

LAST NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ MSC \_\_\_\_\_

SUPERVISOR OR  
DEPT HEAD \_\_\_\_\_

UNRESTRICTED  
INDEX NUMBER \_\_\_\_\_ FUND NUMBER \_\_\_\_\_

DEPT PHONE # \_\_\_\_\_

DAY TIME PHONE # \_\_\_\_\_

VALID DRIVER'S  
LICENSE NUMBER \_\_\_\_\_ STATE  
OF  
ISSUE \_\_\_\_\_

ADDRESS ON  
DIRVER'S LICENSE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP  
CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DEFENSIVE DRIVING  
CLASS DATE \_\_\_\_\_

**HAVE YOU RECEIVED A DUI CITATION WITHIN THE LAST 3 YEARS?** YES \_\_\_ NO \_\_\_

\_\_\_\_\_ I understand that I can only receive one (2) temporary driving permit.

Initial

\_\_\_\_\_ I have been notified of the date, time and locations of the Defensive Driving Class.

Initial

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR EHS&RM OFFICE USE ONLY**

Temporary permit issued?	YES ___ NO ___	Expiration of temporary permit	_____
Phone registration?	YES ___ NO ___	If YES, phone contact name	_____
Safety Office Representative Name	_____	Date	_____