

Driving Record Check Request Form

Proposed Driver Information	
Department Name	
First Name	Last Name
Date of Birth	State license was issued in (i.e. MN, WI)
License Number	
I give permission to the University of Minnesota Duluth Department of Human Resources to check my driving record via HireRight.	
Sign	Date

Have you completed 15-passenger van training? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? (Month and Year)

Office Use Only ——— To be filled out by the Department	
To: UMD Human Resources Fax: 726-6590 Phone: 726-6740	From: Fax: Phone: Email: _____
Driving Record Criteria: <ul style="list-style-type: none">• Clear Record for 1 year• No more than 1 speeding ticket on record• No alcohol or drug related offenses• No consistent pattern of accidents• 19 years of age or older	
Account String:	
Date Faxed to HR	Date Returned from HR

Approved: _____ Not Approved: _____