Operating Vehicle or Business Purposes Rental Car (Please compete and return this form to rfhr@odu.edu)

Name:	
UIN:	
Driver's License Number:	
State Issuing Driver's license:	
Personal Auto Insurance Company:	
Do you have any moving driving violations: Yes No	
If yes,please provide the date(s) of conviction(s) and charge(s):	
I authorize the release of the above information and understand Old Dominion University Research Foundation and/or Travelers Indemnity Company of Connecticut may use this information to obtain driving record. Information released to ODU Research Foundation will there the employee is or is not eligible as a driver with this policy. If not eligible are must be purchased when renting a call paid at the driver's expense.	in a
Empbyees are always required to follow all state mandateads when operating any vehicle owned, leased or rented. All employees are required to wear a seat belt. The use of communication device when operating any vehicle is strictly prohibited, including cell phones.	es
Signature Date	
*This agreement is alid for 1 year after submission	