



**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)**