



**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)**