



**DRIVER'S LICENSE VERIFICATION FORM**

**Requested By:** FRED O'NEILL

Title: Facilities Management, Lawrence Herbert School of Communication

Phone #: office 516-463-5288 mobile: 516-241-1703

Budget #: 23200-71002 (Facilities / Supplies)

Driver's Name: \_\_\_\_\_

#700 Number: \_\_\_\_\_

NYS License Number: \_\_\_\_\_

\*\* or \*\*

OUT-OF-STATE License Number: \_\_\_\_\_ STATE: \_\_\_\_\_

Hire Date: STUDENT

*Please attach a signed and completed copy of the  
Consent For Release of Motor Vehicles Information Form.*

- FOR NYS drivers: submit to [Melissa.H.Schoenberger@hofstra.edu](mailto:Melissa.H.Schoenberger@hofstra.edu) (Public Safety)
- FOR OUT-OF-STATE drivers: submit to the Office of Human Resources at [backgroundcheck@hofstra.edu](mailto:backgroundcheck@hofstra.edu) AND [Melissa.H.Schoenberger@hofstra.edu](mailto:Melissa.H.Schoenberger@hofstra.edu) (Public Safety)

FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY	
Processed By:	_____
License Status:	_____
Expiration:	_____
Date Completed:	_____
Department Notification Date:	_____

**CONSENT FOR RELEASE OF MOTOR VEHICLES INFORMATION**

All individuals who operate a Hofstra University-owned motor vehicle are subject to periodic license verification checks by the University, and to checks of any information maintained by the \_\_\_\_\_ [enter state] Department of Motor Vehicles relevant to the individual’s safe operation of a University-owned vehicle. All individuals operating University owned vehicles must therefore complete the consent below.

I, \_\_\_\_\_, authorize the \_\_\_\_\_ [enter state] Department of Motor Vehicles (“Department”) to disclose or otherwise make available to Hofstra University personal information about me obtained by the Department in connection with a motor vehicle record. I understand that this information will be used in connection with my operation of a University-owned vehicle, and is required to permit me to operate such vehicle. This authorization shall remain in effect for so long as I am a student enrolled in good standing with Hofstra University.

I release and discharge Hofstra University, and its trustees, directors, employees, servants, representatives and agents, from any and all liability, claims, and damages, arising out of, or relating to checks of Department information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
**WITNESS:**

**FRED O’NEILL**  
\_\_\_\_\_  
Name

**LHSC FACILITIES**  
\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
**The following information is required in order to complete the license verification process:**

\_\_\_\_\_  
Name (First, MI, Last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
License Number      /      State