ADDITIONS/DELETIONS
UTMB DRIVER LIST

____ **Add** _____ **Delete** the following:

_____
Department Name

Last Name	First Name	Middle

_____ _____
Employee Number Birthdate

_____
Texas Drivers License No.

This information will be used to periodically check motor vehicle records (MVR) according to the UTMB Policy Governing Motor Vehicle Safety for all Departments with Motor Vehicle Drivers, Policy 8.1.15.

I, _____ (print name) authorize UTMB at Galveston to request my

Three year motor vehicle record. _____ (signature)

Date: _____