

USE FOR GEORGIA LICENSES ONLY

Motor Vehicle Record Form

If you submitted the MVR Authorization Form to Risk Management you **DO NOT** need to re-submit a new form unless one of the following applies:

1. Information on your Georgia Driver's License has changed since you submitted the original form (name change or License Number change).
2. You obtained a new Georgia Driver's License and surrendered your Out-of State License.
3. Your driver status has changed and you will operate a vehicle.

Please complete the Motor Vehicle Record Form, print, sign, and date where indicated. Send the original form to KSU Risk Management via one of the following methods.

****If you are sending more than one (1) MVR form, please scan each form separately.****

****DO NOT INCLUDE THIS PAGE WHEN SCANNING ****

1. Send via fax to KSU Risk Management's secure fax line, **470-578-9325**.
2. Kennesaw campus: Scan to the *#DDS* folder on a campus Ricoh device. See detailed instructions for the 2 types of Ricoh devices here:
[Ricoh with Other Functions Button](#) or [Ricoh with Home Button](#).
3. Deliver the *original* form in person in a sealed envelope to the Office of Enterprise Risk Management, Marietta Campus, Norton Hall, room R2 - 053.
4. If you do not have access to a Ricoh scanning device and cannot deliver in person, please send the *original* form via **U.S. Mail** to:

Office of Enterprise Risk Management
Kennesaw State University
1100 South Marietta Parkway
MD 9093
Marietta, GA 30060

**** If you currently have an Out-Of-State driver's license, Human Resources will run your MVR.**

To submit an Out-of-State MVR to HR please complete the following steps.

1. Go to: <<http://background.hrtrucheck.com/>>
2. Click on Applicant Backgrounds and enter Access Code: ksu
3. Go to New Users and Create a User Login and Password, then click on Register.
4. Enter Personal Information and Sign

Please make sure the position is listed as "Out of State MVR"

If you have an Out-of-State license and you are a resident of Georgia, you must obtain a Georgia Driver's License within 30 days of establishing residence. (O.C.G.A. § 40-5-20).

Do not include this page when scanning or faxing



Georgia Department of Driver Services
 Customer Service, Licensing and Records Division
 P.O. Box 80447
 Conyers, Georgia 30013

REQUEST FOR MOTOR VEHICLE REPORT (MVR)

Employee has submitted this form as a (SELECT ONE):

New / 1st Time Request ~OR~

Name or License Number Change Request

PLEASE PRINT LEGIBLY

SECTION 1 – DRIVER INFORMATION (must exactly match driving record)			
Full Name (First, Middle, Last)			
Driver Date of Birth (MM/DD/YY)		Driver's License Number	

SECTION 2 – THIRD PARTY REQUESTOR INFORMATION	
Full Name (First, Middle, Last)	Office of Enterprise Risk Management
Firm Name (if applicable)	Kennesaw State University
Address	1000 Chastain Road Kennesaw, GA 30144
FOR DEPARTMENTAL USE ONLY	

SECTION 3 – TERM OF REQUEST
Please choose one of the following options: <input type="checkbox"/> <u>Three (3) year</u> Georgia MVR <input checked="" type="checkbox"/> <u>Seven (7) year</u> Georgia MVR
If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept personal checks, cashier's checks, money orders, and company checks.

SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER			
Under penalty of law, I hereby (please check one)		<input type="checkbox"/> request release of my driving record; OR <input checked="" type="checkbox"/> consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.	
Signature of Driver		Date (MM-DD-YY)	

Driver's Department: _____ Supervisor: _____
 Driver's Email: _____ Supervisor Email: _____
 Driver's KSU ID #: _____