



The University of Vermont

DEPARTMENT OF RISK MANAGEMENT & SAFETY

Instructions for Completing the Washington Motor Vehicle Record Release

As a Washington driver, you are required to fill out and sign a release form (below) authorizing the University of Vermont to access your motor vehicle record. We cannot process your application until we receive this form from you.

You may fill out the form electronically; however, you must print out the completed form and sign it by hand. Typed or electronic signatures are not accepted by the Washington DMV.

Fill out all fields of the lower section titled **Employee, prospective employee, or volunteer:**

- Your full name as it appears on your driver's license (first, middle, and last)
- Your date of birth
- Your WA driver's license number
- Sign and date the form. **DO NOT** use a typed signature. The form must be signed by hand

Scan and email signed release as PDF using UVM's file transfer service to driving@uvm.edu (preferred) or mail a hard copy to:

UVM Risk Management 284 East
Avenue Burlington, VT 05405

It can take up to **two weeks** for us to receive your Motor Vehicle Record from the Washington DMV once the request is submitted. You will receive an email from us with further instructions once we have reviewed your driving record.

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name University of Vermont	
Agent company name (if applicable) Applicant Insight, Inc. dba aINSIGHT	
Company/Agent company address 5652 Meadowlane Street, New Port Richey, FL 34652	
Authorized representative name Gregory Kirsch	Title Chief Operating and Compliance Officer
Answer the following	
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
7/15/2021	aINSIGHT HQ
X <i>Gregory J. Kirsch</i>	
Date and place signed	Authorized representative signature

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from		
<input checked="" type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment		
<input checked="" type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed		
<input checked="" type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name University of Vermont		
Employer agent company name if acting on behalf of the company for employment purposes Applicant Insight, Inc. dba aINSIGHT		
Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>		
X		
Signature		Date