

Operating Vehicle for Business Purposes: Rental Car (Please complete and return this form to rfhr@odu.edu)

Name:	
UIN:	
Driver's License Number:	
State Issuing Driver's license:	
Personal Auto Insurance Company:	
Do you have any moving driving violations: Yes No	
If yes, please provide the date(s) of conviction(s) and charge(s):	
I authorize the release of the above information and understand Old Dominion Univers Foundation and/or Travelers Indemnity Company of Connecticut may use this informat driving record. Information released to ODU Research Foundation will be either the em not eligible as a driver with this policy. If not eligible, insurance must be purchased who paid at the driver's expense.	tion to obtain a apployee is or is
Employees are always required to follow all state mandated laws when operating any veleased or rented. All employees are required to wear a seat belt. The use of communic when operating any vehicle is strictly prohibited, including cell phones.	
Signature Date	

This agreement is valid for 1 year after submission