

**CONSUMER DISCLOSURE AND  
AUTHORIZATION TO OBTAIN INFORMATION**

**DISCLOSURE TO CONSUMER (EMPLOYEE or APPLICANT)**

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business  
1574 Crescent Point Parkway  
College Station, Texas 77845

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**AUTHORIZATION TO OBTAIN INFORMATION**

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

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I understand an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

**DOT Drivers.** I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
**Applicant’s / Employee’s Full Name (Print clearly)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Applicant’s / Employee’s Signature Date of Signature**



# TEXAS TECH UNIVERSITY SYSTEM Risk Management™

## Driver Approval Request

**This form may be used in conjunction with the TTUS Vehicle Operator System to request approved driver status.**

In order to drive TTUS owned, leased, loaned, or rented vehicles, **you must read the following information, sign the form, and attach a clear photocopy of your current, valid driver's license.** Return the information to your Department Contact Manager for approval submission. Please allow 12 to 14 working days for processing.

*I am aware that consumer and driver license record checks may be obtained as part of TTUS evaluation of my job application or employment. The records may be procured by TTUS or its insurance company representative(s), and may include personal information obtained from the appropriate state driver licensing agency, and my driving record, to be used in an assessment of my qualification as an approved driver.*

*By signing this letter, I hereby provide my authorization for TTUS or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my continued approved driver status.*

Please select one:

New

Renewal

Type or legibly print on line. Form is invalid without signature and date.

\_\_\_\_\_  
Last, First, MI

\_\_\_\_\_  
Department

\_\_\_\_\_  
Driver's Email Address (TTU/TTUHSC)

\_\_\_\_\_  
eRaider or Tech ID

\_\_\_\_\_  
Name as it appears on Driver License

Current Driver's License # \_\_\_\_\_ State \_\_\_\_\_ DOB: \_\_\_\_\_

Previous State Issued License # \_\_\_\_\_ State \_\_\_\_\_

(Submit surrendered license number if you have had your current license less than 2 years)

I will operate:

(additional training required)

15 Passenger Van

Golf Cart/Utility Vehicle

Signature \_\_\_\_\_ Date \_\_\_\_\_

Must be signed by Driver Approval Applicant

Place a photocopy of the front and back of your valid driver license in the space below or on a separate page and submit with this 3 page document.

Place Photocopy of Front of Valid Driver License Here.

Place Photocopy of Back of Valid Driver License Here.