



**DRIVERS RECORD REQUEST FORM**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
State of Issuance

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Department Requesting Record

\_\_\_\_\_  
Department Contact

\_\_\_\_\_  
Ext.

I, \_\_\_\_\_, authorize Texas A&M University Corpus Christi to obtain information on my driving record, inclusive of personal information (name, address, driver identification number, status, etc.) The University in carrying out its functions will use this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date