## Operating Vehicle for Business Purposes: Rental Car (Please complete and return this form to <a href="mailto:rfhr@odu.edu">rfhr@odu.edu</a>)

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 understa Foundation and/or Travelers Indemnity Company of Connection driving record. Information released to ODU Research Foundation not eligible as a driver with this policy. If not eligible, insurance paid at the driver's expense.	cut may use this information to obtain a tion will be either the employee is or is
Employees are always required to follow all state mandated la leased or rented. All employees are required to wear a seat be when operating any vehicle is strictly prohibited, including cell	elt. The use of communication devices
Signature	Date

\*This agreement is valid for 1 year after submission\*