



## **SIGMA NU FRATERNITY, INC.**

9 North Lewis Street ♦ P. O. Box 1869 ♦ Lexington, Virginia 24450

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Phone: (540) 463-1869 ♦ Fax: (540) 463-1669 ♦ Email: [headquarters@sigmanu.org](mailto:headquarters@sigmanu.org) ♦ Website: [www.sigmanu.org](http://www.sigmanu.org)

### **Motor Vehicle Record Disclosure and Authorization Form**

In connection with my ongoing employment or my application for employment, should I have or secure a position with Sigma Nu Fraternity, Inc., I understand that a motor vehicle record, which contains public record information, may be requested.

#### **Disclosure Regarding Background Check**

Holmes Murphy & Associates (“the Company”) may obtain information about you from a third-party consumer reporting agency for insurance underwriting purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”).

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).**

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Applicant/Employee Signature

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Date

### Authorization to Obtain Motor Vehicle Record

In connection with the agreement between Holmes Murphy & Associates, LLC (HMA), an insurance agent of Sigma Nu Fraternity, Inc., I hereby authorize procurement of the Motor Vehicle Report for the individual identified below for insurance underwriting purposes only. I understand that a motor vehicle record, which contains public record information, is being requested. I further understand that such report(s) will contain personal information and public record information concerning the driving record from federal, state and other agencies that maintain such records, as well as independent services that provide driving record information. I understand this report will not be released to unauthorized personnel and will remain on file with HMA.

This authorization shall remain on file and shall serve as ongoing authorization for the procurement of such reports at any time as requested and authorized by requestor, the insurer, and/or its agents. **The commercial auto insurer and agent will use this information in conjunction with underwriting, loss control and safety review efforts. I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Holmes Murphy or its agent.**

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Applicant/Employee Full Name (first, middle, last)

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Date of Birth

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Driver's License Number

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State of Driver's License Issuance

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Driver's License Expiration Date

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Applicant/Employee Signature

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Date

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Office Use Only:

Sigma Nu Fraternity, Inc.  
Authorized HMA Client Name

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Authorized HMA Client Signature

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Date