

Rochester Institute of Technology (RIT)

MVR Background Check Authorization-Please fill in appropriate section-Required fields highlighted

RETURN FORM TO: HUMAN RESOURCES: ATTN: Lori Sykes – 5000 Eastman Hall
Fax: 585-475-7170
Email: LJSPSN@rit.edu

Name _____ Job/Position Title _____

NEW YORK LENS PROGRAM

Department: _____ Supervisor Name: _____

MVR ONLY AUTHORIZATION: (PLEASE SELECT ONE)

CURRENT RIT REGULAR EMPLOYEES _____ STUDENT EMPLOYEE _____

By my signature, I hereby grant permission to Rochester Institute of Technology (RIT) to enroll my New York State Driver's License in the New York LENS program for the duration of my employment in my current position. This program will automatically notify RIT of any motor vehicle convictions.

I understand that this authorization is exclusive to the New York LENS program.

REQUIRED:

Current Home Address _____ City _____ State _____ Zip _____

Driver's License Number and State _____ Name as it appears on License _____

Signature _____

Please print full name _____

Date _____

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth –Required- The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.

Fair Credit Reporting Act COMPLIANCE STATEMENT: FCRA governs employment screening reports obtained from third party agencies, such as New York State Department of Motor Vehicles. There are rules and requirements that must be followed by employers to insure that the information is used fairly.

1. I understand that an investigative report may be generated on me through the New York LENS program. This investigative report may include information from State Department of Motor Vehicles/Driver's License Record. I freely give my consent for RIT to do so.
2. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing the report. Summary of rights can also be found on the Human Resources website at: <http://finweb.rit.edu/humanresources/forms.html>.
3. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for New York State Department of Motor Vehicles.

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