



# Campus Police

80 Fort Brown • Brownsville, Texas 78520 • Phone: (956) 882-8232 • Fax: (956) 882-6547  
The University of Texas at Brownsville and Texas Southmost College

## Driving Record Request

Please type or legibly print in black or blue ink only.

\_\_\_\_\_  
*Name*

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

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City and State*

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

\_\_\_\_\_  
*Driver's License State*

\_\_\_\_\_  
*UTB/TSC ID Number*

\_\_\_\_\_  
*E-mail Address*

\_\_\_\_\_  
*Employed by (UTB/TSC Department)*

\_\_\_\_\_  
*Office Phone*

Have you ever been employed under another name?  Yes  No

If yes, under what name? \_\_\_\_\_

To be eligible as an authorized driver for university vehicles owned or leased.

\_\_\_\_\_  
*Purpose of Check*

For Campus Police Office Use Only	
Received by: _____ Date and Time: _____	Submitted to DPS: _____ Date and Time: _____

The State of Texas  
County of Cameron

Authorization for Release  
of Personal Information

Let it be known that

I, \_\_\_\_\_, the undersigned do hereby authorize a release of and full disclosure of my Texas Driver License Records and my Computerized Criminal History Records including but not limited to all arrest, convictions and deferred adjudication ordered by any County, State or Federal and held by the Texas Department of Public Safety concerning myself to any duly authorized agent of the University of Texas System Police, whether the said records are of public, private or confidential nature.

It is further understood that if I operate a vehicle owned and/or leased by The University of Texas at Brownsville and Texas Southmost College, a driving record inquiry will be made every two years after initial employment. I agree to advise The University of Texas at Brownsville and Texas Southmost College should my operator's license be suspended by the Department of Public Safety.

A photocopy of this release will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date and Time*

\_\_\_\_\_  
*Witness (printed name)*

\_\_\_\_\_  
*Witness' Signature*