



# SIENAcollege

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**Federal Drivers Privacy Protection Act**  
**Authorization to Obtain Motor Vehicle Report**

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (Name of Employee/Student) \_\_\_\_\_

authorize Rose & Kiernan, Inc. to obtain my Motor Vehicle Record. I understand that this record may contain personal information\* in addition to any/all driver violations and/or accidents, which may be on record through the \_\_\_\_\_ State Department of Motor Vehicles. (name of State)

I also authorize release of this information to Siena College.

Signature of Employee/Student \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Driver's License No. \_\_\_\_\_

State \_\_\_\_\_

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

Date signed \_\_\_\_\_

\*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number. It does not include information on vehicular accidents, driving violations and driver status.