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Requested By: FRED NEILL

Title: Facilities Management, Lawrence Herbert School of Communication

Phone#: office 516463-5288 mobile: 516-41-1703

Budget#: 2320071002 (Facilities / Supplies)

E u W

#700 Number: _____

NYS License Number: _____

** or **

OUTOFSTATE License Number: _____ STATE: _____

Hire Date STUDENT

Please attach a signed and completed copy of the
Consent For Release of Motor Vehicles Information Form.

- FOR NYS drivers: submit Melissa.H.Schoenberger@hofstra.edu (Public Safety)
- FOR OUTOFSTATE drivers: submit to the Office of Human Resources at backgroundcheck@hofstra.edu AND Melissa.H.Schoenberger@hofstra.edu (Public Safety)

<p>FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY</p> <p>Processed By: _____</p> <p>License Status: _____</p> <p>Expiration: _____</p>
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CONSENT FOR RELEASE OF MOTOR VEHICLE INFORMATION

All individuals who operate a Hofstra University owned motor vehicle are subject to periodic license verification checks by the