ALLIANCE OF SCHOOLS FOR COOPERATIVE INSURANCE PROGRAMS (ASCIP)

MOTOR VEHICLE RECORDS REQUEST (MVR)

DATE: _____

FROM: _____ **School**

District: SMMUSD

TO: ASCIP
12750 Center Court Drive, Suite 220
Cerritos, CA 90703
Phone: (562) 403-4640
Fax: (562) 403-4644

Requested By: Gary Bradbury, Risk Mgnt.

Phone:310-450-8338 x 310

Fax:310-452-3468

PLEASE OBTAIN MVR'S ON THE FOLLOWING INDIVIDUALS:
(Type Or Print Clearly)

Name (Last, First M.I.)	**Date Of Birth**	**Driver's License Number**	**State**

THIS INFORMATION IS NEEDED BY: School Thank you.

Please attach to Page 1 fax or mail this form.

ALLIANCE OF SCHOOLS FOR COOPERATIVE INSURANCE PROGRAMS (ASCIP)

MOTOR VEHICLE RECORDS REQUEST (MVR)

PLEASE OBTAIN MVR'S ON THE FOLLOWING INDIVIDUALS:
(Type Or Print Clearly)

Name (Last, First M.I.)	Date Of Birth	Driver's License Number	State