



**PACIFIC UNIVERSITY**  
**OREGON DMV RECORD CHECK**  
**AUTHORIZATION AND BILLING FORM**

Name of Person \_\_\_\_\_

Department/ Group Driving for \_\_\_\_\_

Department Budget Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - 7458

Signature of Budget Authority \_\_\_\_\_

This form needs to be turned in to the Facilities Office at the time the person is starting the Driver Certification Process.