



MVR REQUEST FORM

Name of Parish, School or Institution		Date of Request
Street Address		DISC Location Number
City	State	Zip Code
Phone Number	Authorized Signature	Position or Title
Return Results To:	Fax or email for results:	

PLEASE PRINT (USE ADDITIONAL SHEETS IF NECESSARY)

DRIVER'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	OH DRIVER'S LICENSE #	JOB TITLE	DO NOT USE FOR DISC USE ONLY
					OK to Drive?

FAX OR EMAIL TO DISC:
FAX: 216-621-4755 / EMAIL: ajohnston@etfco.com