# UC MERCED EMPLOYER PULL NOTICE REQUEST/VERIFICATION

*Driver: Work with Supervisor/Contact to complete form. Take completed form and valid driver's license to an intake designee for verification. Incomplete submissions will not be accepted. Please allow up to 10 business days for processing California licenses. Out of state licenses are subject to that state's policies and response time. For more information visit risk.ucmerced.edu/DMV-EPN*

## Driver Information (Please type or print clearly)

Name as it is on License: **Stewart Choi**    Date of Birth: **10/23/2000**

Driver License Number: **Y5267810**    State: **CA**    Expiration Date: **10/23/2022**

UC Merced Email Address: **schoi75@ucmerced.edu**

Driver Affiliation    ☐ Faculty    ☐ Staff    ☐ Affiliate    ☒ Undergraduate Student    ☐ Graduate Student

Department: **Leadership & Service LLC. Community Engagement Center (KL 190)**    Date of Request: **9/23/2019**

Supervisor Name/Phone/Email: **Jessica Evora/209-228-4201/jevore@ucmerced.edu**

Other Contact (non-student): **communityservice@ucmerced.edu**

**Type of Driver**

☐ Driving is listed in Driver's Position Description

Position ID: _____ Title: _____

☐ Frequent / Regular Driver (Driving is **not** listed in Position Description)

☒ Infrequent Driver

☐ One-Time Driver (One-time check only*) Specify Date(s): _____

☐ Background Check (One-time check only*)

**\* One-time check only: not included in ongoing Pull Notice Program**

I, _____, authorize the information obtained through the Employer Pull Notice Program to be shared with my supervisor and contact listed above, indefinitely. I understand the results may be shared with Risk Management, Ethics and Compliance Office, Transportation and Parking Services, and as applicable, Human Resources, Academic Personnel or Student Employee Services. I can revoke this authorization by providing written notice to UC Merced Risk Management.

_____    _____

Driver Signature    Date

## Verification to be Completed by Intake Designee

**Y5267810** was verified as belonging to Driver named above and person submitting form.

Driver's License Number

Signature of Designee _____ Date Verified_____

Print Name **Stewart Choi**    Department **Community Engagement Center**

*For out of state licenses, please include a copy of the license.*