

Villanova University
Motor Vehicle Report Consent Form

I _____ give my consent for Villanova University to complete a background check on my previous driving record in accordance with Villanova’s Motor Vehicle Record Policy for Drivers of University Vehicles. As part of this procedure, the University has my permission to order Motor Vehicle Records (MVRs) from any and all states in which I have currently and previously held a drivers license. I understand that Villanova University has an established MVR review program that my driving history will be compared against to determine my driving eligibility. I further understand that failure to release consent for Villanova University to conduct a background check on my previous driving record means, at a minimum, that I forfeit my driving privileges. In the event that I forfeit my driving privileges, I understand that, since my job duties include driving, my duties will be reviewed to determine whether I can continue my position without driving University vehicles and, if so, which additional non-driving duties the University will require.

_____ (Signature) _____ (Date)

Name (exactly as it appears on driver’s license): _____

Name of your Department or Student Group: _____

Date of Hire (if employee): _____ Sex: _____ Date of Birth: _____

Driver’s License #: _____ State: _____

Email Address: _____

PLEASE INSERT A COPY OF YOUR CURRENT DRIVER’S LICENSE IN THIS BOX

In our efforts to reduce the amount of paper used, we ask that you include a copy of your current driver’s license in the space provided above. By submitting all the necessary information on one page, it will cut in half, the amount of paper used in processing the Motor Vehicle Report Consent forms. Please note that it is not necessary to include a copy of the back of the license.