

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 that I will no longer be considered for a position which requires driving a University owned, leased or rented vehicle.

(Signature)

(Date)

Applicant's Name: _____ Position: _____

Department: _____ Date of Hire: _____

Driver's License #: _____ State: _____

If have held a drivers license in more then one state in past three years, please include other driver's license information below.

Driver's License #: _____ State: _____