

**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): \_\_\_\_\_

Position: \_\_\_\_\_ Department or Student Group: \_\_\_\_\_

Date of Hire (if employee): \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Please attach a copy of your driver's license.**