

Motor Vehicle Report Consent Forms  
can be submitted via:  
Email: [Insurance@Villanova.edu](mailto:Insurance@Villanova.edu)  
Fax: 610.519.6809



VILLANOVA  
UNIVERSITY

## Motor Vehicle Record Consent Form- Students (undergraduate, graduate, student workers, and interns)

I, \_\_\_\_\_, give my consent for Villanova University to complete a background check on my driving record in accordance with Villanova University's [Policy for Drivers of University Vehicles](#). As part of this procedure, Villanova University has my permission to order Motor Vehicle Records (MVRs) from any and all states in which I currently have and have previously had a driver license. I further give my consent for Villanova University to continue to order my MVRs on an annual basis from any and all states in which I currently have and have previously had a driver license while I am driving University Vehicles. I understand that Villanova University has an established MVR review policy that my driving history will be compared against to determine my driving eligibility for Villanova University. I further understand that failure to release consent for Villanova University to conduct a background check on my driving record means, at a minimum, that I forfeit my driving privileges for Villanova University. If I forfeit my driving privileges and my employment duties at Villanova University include driving, my duties will be reviewed to determine whether I can continue my position without driving privileges for Villanova University and, if so, what additional non-driving duties Villanova University will require.

Please allow 5 business days for processing. Please complete all fields.

\_\_\_\_\_

Handwritten Signature (Typed signatures are not acceptable) \_\_\_\_\_ Date \_\_\_\_\_

Please type or print legibly

Full Name (exactly as it appears on driver's license): \_\_\_\_\_

First	Middle	Last
-------	--------	------

Banner ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License State: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Villanova Department(s) for Which You Are Applying to Drive: \_\_\_\_\_

(e.g. Athletics- Track, Campus Ministry- RUIBAL, Service Learning, etc.)

Have you ever been a University Approved Driver?: \_\_\_\_\_ Email Address: \_\_\_\_\_

Completion Date of Online Driver Safety Training\*: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

\*The online Driver Safety Training must be completed. Motor Vehicle Report Consent Forms will not be processed for students who have not completed the online Driver Safety Training and scored at least an 80% on the quiz.

PLEASE INSERT A COPY OF THE FRONT OF YOUR CURRENT DRIVER LICENSE IN THIS BOX

Driver license must be easily readable

In the University's efforts to reduce the amount of paper used, we ask that you include a copy of your current driver's license in this space rather than on another sheet of paper. By submitting all of your information on one page, you will help us reduce the amount of paper used in processing your form. Thank you!