



NORTH GREENVILLE
UNIVERSITY
Christ Makes the Difference

DRIVER MVR AUTHORIZATION

Please fill in all information exactly as it appears on your driver's license. Submit completed form along with a *front and back* copy of your driver's license to Campus Enhancement Services, Admin Assistant: Rebekah.Loftis@ngu.edu. Allow up to 7 business days for processing. Thank you.

Name (Last): _____ (MI) _____ (First) _____

Address: _____

City: _____ **State:** _____ **(ZIP)** _____

How many years at this address: _____ *If less than 3 years, please list other addresses on the next page.*

Driver's License # _____ **State Issued:** _____ **DOB:** _____

SS #: _____ **Email Address:** _____

Check one: Faculty Staff Student

Check one: Full Time Part Time

Acknowledgment of Driver Responsibilities

I acknowledge that I have read and understand the information in the North Greenville University Transportation Guidelines and Policies, and I agree to abide by all the obligations and requirements contained therein. I understand that failure to comply with these requirements, and/or failure to maintain an acceptable driving record (as outlined in the "Drivers Obligations" section), may result in disciplinary action.

I hereby give my consent for North Greenville University to complete a background check of my driving record in accordance with North Greenville University's Transportation Guidelines and Policy for drivers of university vehicles to determine my driving eligibility for the university. As part of this procedure, North Greenville University has my permission to order Motor Vehicle Records (MVR) from any and all states in which I currently have and have previously had a driver's license. I understand that North Greenville University may also conduct a random background check of my driving record in the future. I further understand that failure to release consent for North Greenville University to conduct a background check of my driving record means, at a minimum, that I forfeit my driving privileges for the university. If I forfeit my driving privileges and my employment duties at North Greenville university include driving, my duties will be reviewed to determine whether I can continue my position without driving privileges for the university and, if so, what additional non-driving duties the university will require.

Driver Signature: _____ **Department:** _____

VP of Department (Print): _____ **Date:** _____

(Sign): _____

Campus Enhancement Services Use Only

Approved Denied Date: _____ Valid Through: _____

Notes: _____



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(Continued)

If you have resided at your current residence less than 3 years, please list previous address(es) that add up to 3 years:

Address: _____

City: _____ State: _____ ZIP _____

Address: _____

City: _____ State: _____ ZIP _____

Address: _____

City: _____ State: _____ ZIP _____