Wilkes University

REQUEST FOR DRIVER AUTHORIZATION

Please TYPE or CLEARLY PRINT all information exactly as it appears on your driver's license. Submit form to the University Police Department. Allow approximately five (5) business days for processing.

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

WIN #_____ Email Address _____

Driver's License # _____ State issued by _____

Purpose for Use: _____

Check One: Faculty ☐   Staff ☐   Student ☐   Check One: Full Time ☐   Part Time ☐   Other ☐

<u>Acknowledgement of Driver Responsibilities</u>
I acknowledge that I have read and understand the information in the University policy "University Vehicle Use Policy" and 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 University Vehicle Use Policy), will result in revocation of University driving privileges.

I hereby give my consent for Wilkes University to complete a background check on my driving record in accordance with Wilkes University's Vehicle Use Policy for drivers of University Vehicles. As part of this procedure, Wilkes 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 understand that Wilkes University has an established MVR review policy that my driving history will be compared against to determine my driving eligibility for the University. I further understand that failure to release consent for Wilkes University to conduct a background check on 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 Wilkes 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: _____ Date: _____

Department: _____ Dept. Head/Budget Manager: _____

Signature (Department Head/Budget Manager): _____ Date: _____

University Police Use Only

Approved: ☐   Date: _____Valid Through: _____   Denied: ☐

Notes: _____

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