Virginia Commonwealth University

MOTOR VEHICLE REPORT (MVR) REQUEST AND RELEASE

_____	_____	_____
Driver's Last Name (Type or Print)	Driver's First Name (Type or Print)	Driver's Middle Initial (Type or Print)
V Number	Driver's License State	Driver's License Number

List any other states in which the employee held a driver's license in the past three years. Obtain a copy of all out of state MVRs.

_____
State

_____
State

Driver Status

☐ *Employee*

☐ *Student*

☐ *Volunteer*

Driver Type

☐ *Regular Driver*

☐ *Van Driver*

_____	_____	_____
Supervisor's Printed Name	Department	Phone

DRIVER'S MOTOR VEHICLE REPORT (MVR) RELEASE

I understand that, as a condition of my operating a VCU vehicle, my Motor Vehicle Report (MVR) will be reviewed. I hereby authorize Virginia Commonwealth University to obtain my MVR as often as is deemed necessary under the Vehicle Accident Prevention and Safety Policy. I further understand this information will be used to ensure the safety of employees, students and the general public both on and off campus.

_____	_____	_____
Type or Print Full Name	Signature	Date

Virginia Commonwealth University respects the confidential nature of the information contained on this form and all motor vehicle reports obtained from DMV, and will strive to secure this information with reasonable and industry accepted protection controls, whether maintained electronically or in paper form.