Marquette University
Driver Authorization Application

This form is intended for use by persons who drive Marquette University owned, leased or rental vehicles on university business, regardless of their status as an employee (e.g. faculty, staff, etc.), student, student employee or volunteer. Carefully read this form and provide the following information. **Note: Allow 5-7 days for approval (depending on the applicant's state license this approval process may be longer). Return this form to your Department contact person in a sealed envelope marked "confidential".**

Driver's name as it appears on License:
(First, Middle and Last Name)

Status: ◯ Employee ◯ Student Employee ◯ Student ◯ Volunteer

Indicate your State of Residency: **Yrs of Residency**

I agree to amend this application in the event of a name change on my driver's license as a result of marriage or divorce. I understand that my driver information will be included in a database that will be checked periodically. Any negative change in the status of my driving record may result in the revocation of the privilege of driving on University business. I agree that I will notify my Department contact person if there is any change in my driving status or my motor vehicle record.

NOTE: A driver of a university vehicle must have a valid permanent Wisconsin (or other US state jurisdiction) driver's license. Non residents (sixteen or older) must secure a Wisconsin license within 60 days of establishing residency. You are a resident of the State of Wisconsin if you consider it to be your home. Factors used to determine residency are where you vote, where you pay income taxes, where you own real property, where you register your car, where you hold professional licenses, and where you claim residency in legal proceedings and filings. It is up to you to establish your state of residence.

Fair Credit Reporting Act Disclosure Statement
Motor Vehicle Record (MVR)

In accordance with the provisions of the Fair Credit Reporting Act (FCRA), you are hereby informed that a Motor Vehicle Record will be obtained on you and used for employment related purposes. Before taking any adverse action based in whole or in part on your Motor Vehicle Record, Marquette University will provide you with a copy of your Motor Vehicle Record and a written summary of your consumer rights under the FCRA, as prescribed by the Federal Trade Commission under FCRA I 609 (c) (3).

I, the undersigned, acknowledge receipt of the above disclosure and authorize Marquette University to obtain a Motor Vehicle Record about me for its use related to employment purposes. This authorization shall remain on file and shall serve as ongoing authorization to procure future MVR reports at any time during my employment, contract or enrollment period. **Indicate license information from your state of residency.**

License

Name Please print name as it appears on License		**Indicate Dates License Was Held**	
Driver's License Number		**State**	
Date of Birth		**Expiration Date**	

I have been involved in or ticketed for more than 3 motor vehicle violations and/or accidents in the past three years.	**Yes** ◯ **No** ◯

Applicant's Signature		**Date**	
Applicant Email Address		**Applicant ID #**	

THIS APPLICATION MUST BE APPROVED BY DEPARTMENT PRIOR TO DRIVING.

Department Name		Department Contact Signature	
Copy of Driver License on File	**Yes** ◯ **No** ◯	Date	

May 1, 2009