



**MARQUETTE  
UNIVERSITY**

**Marquette University Driver Authorization Application**

This form is intended for use by employees, students or volunteers who operate motor vehicles on behalf of Marquette University (“Marquette”). This includes motor vehicles owned, leased or rented by Marquette, and also includes vehicles owned, leased or rented by Marquette employees or volunteers when those vehicles are used for University business. Carefully read this form and provide the following information:

**Notes:**

- 1. **Allow 1-2 business days for Wisconsin driver’s license holders and up to 5 business days for out-of-state license holders, for the Motor Vehicle Record (MVR) check to be processed.**
- 2. **Return this form to your department contact person or to the Insurance and Claims Administrator in Risk Management with the department contact person CC’d in the email.**
- 3. **The University Auto Insurance policies only apply to work-related or Risk Management approved purposes. If you are using a university owned, leased or rented vehicle for personal use, your personal insurance will always be primary.**

Driver’s full name as it appears on License: \_\_\_\_\_  
(First, Middle and Last Name)

Status: 1. Employee \_\_\_\_ 2. Student Employee \_\_\_\_ 3. Student \_\_\_\_ 4. Volunteer \_\_\_\_

State of Residency: \_\_\_\_\_ Years of Residency: \_\_\_\_\_

I agree to update this application in the event of a name change on my driver’s license for any reason. I understand that my driver’s license information will be included in a database that will notify Risk Management of any driving violation or suspension. Any negative change in the status of my driving record may result in the revocation of the privilege of driving for University business and may impact my ability to perform the essential functions of my job, which could result in consequences up to and including the ending of my employment. I agree that I will notify my Department contact person if there is any change in my driving status or my motor vehicle record.

**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 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 to obtain an initial Motor Vehicle Record about me for its use related to employment purposes. This authorization will remain on file and serve as ongoing authorization for the PARS system that notifies Marquette University Risk Management of any violation and/or annual reports for non-Wisconsin license holders for the length of my employment, contract, or enrollment period.

License Information for state of residency:

Full Name (Please print name as it appears on License): \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Marquette Email Address: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_