



CONSENT TO OBTAIN STATE MOTOR VEHICLE RECORDS

I, _____ (name of driver) _____ (N number)

Understand that the Driver’s Privacy Protection Act of 1994 (18 U.S.C.A. § 2721) prohibits the release and use of certain personal information from State motor vehicle records; however, pursuant to 18 U.S.C.A. § 2721 (13), I hereby consent to permit **NOVA SOUTHEASTERN UNIVERSITY** to obtain motor vehicle records from any State’s records **annually**. **I understand and agree that if I am unable, for any reason, to maintain a US valid driver’s license, with no more than 3 points, it may result in disciplinary action up to and including termination of my employment with Nova Southeastern University. I acknowledge that all drivers must notify their supervisor immediately following receipt of a license suspension, citation or revocation. Accordingly, I further acknowledge and agree that any failure on my part to immediately make such notification may result in disciplinary action up to and including termination of my employment. For non-employee drivers it may result in losing driving privileges of Nova Southeastern University vehicles.**

1.	My date of birth is:	
2.	My current driver’s license was issued in the State of: # of years licensed in the current state (If less than 3 years fill out # 4)	
3.	My current driver’s license number is: (Please attach a copy of your driver’s license)	
4.	My address as it appears on my driver’s license is:	
5.	I have also held a driver’s license in the following state(s): Driver’s license number is:	
6.	I have been charged with a violation of a motor vehicle law in the following <i>state(s)</i> :	

X	
Signature of person giving consent	Date signed

Department: _____

X	
Printed name and telephone extension of Supervisor responsible for submission Email address	Signature of Supervisor responsible for submission

Email address of Risk Management person responsible for submission:
guimarae@nsu.nova.edu

Elizabeth Guimaraes