

# UNIVERSITY of HOUSTON

## Motor Vehicle Record Evaluation Request

Complete Part I & forward to Risk Management in person (GEN Bldg. 585, Bay 17, Room 183) or by fax @ 713-743-8035

Part I  Current Employee  Job Applicant: **Notify EHRM if hired**

**PLEASE PROVIDE INFORMATION AS IT APPEARS ON LICENSE**

Name: \_\_\_\_\_  
Last First Middle

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Expiration Date: \_\_\_\_\_ (mm/dd/yyyy)

Contact Person: \_\_\_\_\_ Ext: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Mail Code: \_\_\_\_\_

Date of Request: \_\_\_\_\_ (mm/dd/yy) Contact Email: \_\_\_\_\_

Department Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

***NORMAL TURNAROUND FOR TEXAS MVR'S IS 3 DAYS (No Charge)***

### **FOR OUT-OF-STATE SERVICE REQUESTS**

THERE IS A NOMINAL FEE (Approx. \$10) TO BE PAID BY THE REQUESTING DEPARTMENT.

**Please have the employee read the following statement and sign where indicated**

I hereby authorize the University of Houston to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment.

Employee's Full Name: \_\_\_\_\_  
(please print clearly) Signature Date

**PS Cost Center** (IF OUT-OF-STATE SERVICE IS REQUESTED):

Account Fund Dept ID Program Proj ID Speed Type

**Certifying Signature:** (FOR OUT-OF-STATE SERVICE ONLY): \_\_\_\_\_

### **PART II (To be completed by Risk Management Department)**

MVR EVALUATION:  ACCEPTABLE DRIVER  UNACCEPTABLE DRIVER

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have any questions, please contact Risk Management @ Ext. 3-5858