



UNIVERSITY of HOUSTON

Motor Vehicle Record Evaluation Request

Not to be used when submitting Annual department evaluation of more than ten employees.
Complete Part I and forward to Environmental Health and Risk Management @ EHRM 1005 or fax to 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

Driver's License: State _____ Number _____
If other than TX, fee will apply

Date of Birth: ____/____/____ Expiration Date: ____/____/____

Contact Person: _____ Ext: _____ Fax: _____

Department: _____ Campus Mail Code: _____

Date of Request: ____/____/____

Department Supervisor: _____ Signature: _____

NORMAL TURNAROUND FOR TEXAS MVR'S IS 4 WEEKS (No Charge)

FOR RUSH SERVICE OR OUT OF STATE LICENCES (3-5 Days),
THERE IS A NOMINAL (Approx. \$10) FEE 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 RUSH SERVICE IS REQUESTED):

Local PS Cost Center ONLY.. _____
Acct Fund Dept ID Prgm Proj ID

Certifying Signature: (FOR RUSH SERVICE ONLY): _____

PART II (To be completed by Environmental Health and Risk Management Department)

MVR EVALUATION: ACCEPTABLE DRIVER UNACCEPTABLE DRIVER

COMMENTS: _____

SIGNATURE: _____ **DATE:** ____/____/____

If you have any questions please contact Rodney Warwick, Fleet Coordinator @ 3-5708