



UNIVERSITY OF  
NORTHERN COLORADO

Facilities Management

**BACKGROUND CHECK CONSENT – MOTOR VEHICLE REPORT (MVR)**

\_\_\_\_\_  
LAST NAME (AS IT APPEARS ON YOUR LICENSE)

\_\_\_\_\_  
FIRST NAME (ON LICENSE)

\_\_\_\_\_  
FULL MIDDLE NAME (ON LICENSE)

\_\_\_\_\_  
DRIVER LICENSE NUMBER

\_\_\_\_\_  
STATE OF ISSUE

\_\_\_\_\_  
DATE OF LICENSE EXPIRATION

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
UNC DEPARTMENT (IF FACILITIES MANAGEMENT, ALSO SPECIFY SHOP. IF ATHLETICS OR CLUB SPORTS, ALSO SPECIFY TEAM/CLUB AFFILIATION)

CLASSIFICATION (CHECK ONE):   ☐ Faculty   ☐ Classified/Exempt Staff   ☐ Student   ☐ Temporary   ☐ Volunteer  
GA / TA

By my signature below, I consent to the release of **motor vehicle reports** to the University in conjunction with my request to operate University vehicles. I further understand that any and all information contained herein or otherwise disclosed to the University by me may be utilized *at any time* for the purpose of obtaining the **motor vehicle reports** requested by the University. I understand that if the University authorizes me to operate University vehicles, it may request a **motor vehicle report** for verification and insurability purposes at its discretion. I understand that my consent will apply throughout my employment and/or University service, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the University at any time. This Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\* FOR 15-PASSENGER VAN ORIENTATIONS ONLY:

\_\_\_\_\_  
E-MAIL ADDRESS (YOUR MOST FREQUENTLY-USED E-MAIL ADDRESS)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
SUPERVISOR / CLUB ADVISOR

WHEN IS YOUR FIRST TRIP (IF UNKNOWN, LEAVE BLANK)?: \_\_\_\_\_