



SETON HALL UNIVERSITY

ABSTRACT REQUEST FOR MOTOR VEHICLE RECORD

DRIVER'S LICENSE INFORMATION EXACTLY AS IT APPEARS ON LICENSE

Driver's Name: _____
Last First Middle

Address: _____
Street Apt#
_____ City State Zip Code

Date of Birth: _____
Month Day Year

Driver License Number: _____

State Issuing License: _____

Department _____ CWI# _____ Budget Acct.# _____

University Status: Student/Faculty/Employee (circle one) If Student, Year: _____

Permission to use a university vehicle is a privilege, not a right. Seton Hall University permits the Office of Business Affairs to refuse permission to use a University vehicle for any reason, including motor vehicle violations and accidents reported to the University. Refusal to sign the authorization requested below is sufficient reason to refuse use of a University vehicle. If your request to drive a University vehicle is refused due to prior motor vehicle violations or auto accidents, regardless of fault, you have the right to have your record amended by the Department of Motor Vehicles. Seton Hall will not permit use of any university vehicle until after the correction has been made and such correction has been submitted to the Office of Business Affairs and the Office of Compliance & Risk Management for review. Please sign and date the authorization below and return it to: Susan Phipps, Office of Compliance and Risk Management, Presidents Hall, Room 4A.

I have been provided and have read the university's policy on fleet vehicle safety and understand my responsibility while driving a university vehicle. I authorize the Office of Business Affairs and the Office of Compliance and Risk Management of Seton Hall University to obtain my Motor Vehicle Record (MVR) Abstract. A copy of the MVR abstract will be made available to you upon request.

Driver's Name Driver's Signature Date

Office Telephone Number E-Mail Address at SHU