



**Police Department  
Prairie View A&M University  
Motor Vehicle Record Evaluation Request**



**PART 1: TO BE COMPLETED BY EMPLOYEE (Please provide information as it appears on your driver's license.)**

\_\_\_\_\_

First Name                                      Middle Name                                      Last Name

\_\_\_\_\_

Street Address                                      City                                      State                                      Zip Code

**Driver's License Information (Please provide your driver's license information for the past three years.)**

_____ State	_____ Driver's License Number	_____ Expiration Date	_____ Date of Birth
_____ State	_____ Driver's License Number	_____ Expiration Date	_____ Date of Birth
_____ State	_____ Driver's License Number	_____ Expiration Date	_____ Date of Birth

**I hereby authorize the Prairie View A&M University Police Department to conduct a Motor Vehicle Record (MVR) evaluation in order to assess my eligibility to drive or continue driving a University-owned or leased vehicle.**

\_\_\_\_\_  
**Signature**                                      \_\_\_\_\_  
**Date**

**PART 2: TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR**

**Please process an MVR check on the aforementioned employee, and bill my department accordingly.**

\_\_\_\_\_  
Supervisor Name                                      Title                                      Department

\_\_\_\_\_  
Office Phone                                      Office Fax                                      Speed Type

\_\_\_\_\_  
**Signature**                                      \_\_\_\_\_  
**Date**

**PART 3: TO BE COMPLETED BY UPD**

MVR Evaluation:     Acceptable Driver     Unacceptable Driver     Probationary Driver Comments

Comments:

\_\_\_\_\_  
**Signature**                                      \_\_\_\_\_  
**Date**