

MONTCLAIR STATE UNIVERSITY
Montclair, New Jersey 07043

Driver Authorization Form

I have been advised that a valid driver's license is a condition of employment in connection with the position for which I have been hired at Montclair State University.

I understand that the University has the right to perform an annual review and obtain an abstract of my New Jersey's Division of Motor Vehicle driving record.

I further understand that if my driver's license is ever suspended or revoked, or if I should, in any way, either permanently or temporarily, lose my driving privilege in the State of New Jersey, it is my responsibility to immediately notify my supervisor and the Assistant Vice President for Employee Relations and Compensation of this fact. The loss of one's driver's license may result in reassignment, suspension, or termination.

Print Name

Signature

Date

Department

Driver's License Number

Driver License Expiration

Distribution: Employee
Department Head/Supervisor
Personnel File
Risk Management

Attachment: Copy of Driver's License must be attached to this form