

**YOUNGSTOWN STATE UNIVERSITY  
MOTOR VEHICLE RECORD STATEMENT**

Youngstown State University requires that all drivers of university-owned, rented or leased vehicles complete this form so a Motor Vehicle Record check can be performed prior to driving the vehicle. Any combination of accidents or citations that total six or more points in the last three years as assigned below may result in a decision by the University to not allow a driver to operate a university-owned vehicle, rented or leased vehicle. Please refer to the Youngstown State University Vehicle Use Guidelines in the policies, programs and guidelines section of the Environmental and Occupational Health and Safety website: [www.cc.yosu.edu/eohs](http://www.cc.yosu.edu/eohs).

6 pts	Driving under the influence of drugs or alcohol	4 pts	Driving without due regard for safety
	Motor vehicle felony		Unsafe or reckless operation
	Vehicular homicide/involuntary manslaughter	3 pts	Speed in previous 12 months
	Hit skip/leave scene		2 pts
	Driving under suspension/revocation	Traffic control device/stop sign	
	Drag racing	Assured clear distance/following too close	
	Flee/elude police officer	Failure to yield/failure to control	
	Negligent entrustment of a vehicle	Improper passing/driving left of center	
	Driving without owner consent	Other violations as assigned by the ORC	

**Permission Statement**

I, (print name) \_\_\_\_\_ acknowledge the above disclosure and give permission to Youngstown State University to obtain a copy of my driving record to verify it meets the criteria established by the University to drive and this information may be shared for this purpose with appropriate individuals. This permission may be used to check my driving record at future dates for this purpose unless I revoke this permission statement in writing. In the event my driver's license is revoked or suspended, I agree to immediately discontinue operation of the University vehicle and notify my supervisor. I acknowledge the University requires compliance with all applicable state motor vehicle regulations relating to driver responsibility, including seat belt use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Department or Organization

\_\_\_\_\_  
State Issued

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Department Phone Number

Classification:

- \_\_\_\_\_  
Student  
\_\_\_\_\_  
Graduate Student  
\_\_\_\_\_  
Faculty/Staff  
\_\_\_\_\_  
Non-University

Will you be driving a large van? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Date Completed

Please allow 3 working days to process.