



EMORY  
UNIVERSITY

DRIVING CONSENT FORM  
(ON-LINE COURSE)  
Please Print in Ink

Full Name  
*as it appears on your Driver's License*

Job Title

Driver's Email Address

Speed Type# (10-Digits)

Department Name

Department # (6-Digits)

Hiring Manager/Supervisor Name

E-mail

Phone #

Reason for Request:

☐ **Employee MVR Recertification**      ☐ **Emory Student**      ☐ **Faculty**  
(Every 2 years effective March 1)

☐ **Change in job title**      ☐ **Change in job duties**      ☐ **Other**\_\_\_\_\_

If change in job title/duties, please describe new duties: \_\_\_\_\_

I hereby authorize Emory University to receive any driving record information that pertains to me which may be in the files of any state or local motor vehicle records agency.

Signature

Date