

LONGWOOD
UNIVERSITY

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Release for DMV Driver Alert Program

Name: _____ License # _____
Address: _____ City _____
State: _____ Zip: _____ Contact Ph#: _____
Department: _____ Student Staff Faculty

My signature on this form permits Longwood University to monitor my driving record information in the Driver Alert Program through the Department of Motor Vehicles. I understand that any information obtained from this service will be kept secure and confidential by the University.

I, _____ authorize the Department of Motor Vehicles to furnish information pertaining to my driving record to Longwood University during the duration of my employment or as a registered student. I understand that Longwood is unable to monitor out of state records and agree to provide a copy of my driving record and license if my current license is not from the state of Virginia and each year going forward during my employment. I understand it is my responsibility to notify Fleet Services of my separation in order to terminate this agreement.

Signed: _____ Date: _____

Print: _____