

American University

Application for University Driving Privileges

Please Print

New or Recertify: _____

Date: _____

Name: _____ Department: _____
Last, First, Middle

Campus Address or Department Address: _____

Campus Email Address: _____ Telephone: _____

Name of supervisor: _____

Driving History

Number of Moving Violations within the past three (3) years: _____

Type of Violation: _____

Number of Chargeable Accidents within the past three years: _____

I, _____, understand and agree to the following:
(Type your name here)

1. To the best of my knowledge, the information on this application is correct. I understand that any misrepresentation or falsification of information may be sufficient cause for rejection of motor vehicle operating privileges.
2. I authorize American University to inquire and verify the information contained herein.
3. I agree to abide by all laws and regulations pertaining to the operation of motor vehicles, as well as University policy and driving regulations.

Signature of Applicant: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Please include a copy of your drivers license with this application.

Please return to: Office of Finance and Treasurer
backgroundchecks@american.edu
(202) 885-2700