SKIDMORE
C O L L E G E

Office of Business Services *518-580-5812*

DRIVER AUTHORIZATION APPLICATION
(APPLICATION MUST BE APPROVED PRIOR TO DRIVING)

Departments: Please return this form with a copy of the applicant's driver's license to:
The Office of Business Services.

All College personnel (including faculty, staff, and student) MUST complete this form in order to be approved to operate a College owned, leased or rented vehicle for the purpose of College business. Carefully read this form and provide the following information:

PERSONAL INFORMATION (please print):

NAME (exactly as it appears on driver's license) CAMPUS EXTENTION SOCIAL SECURITY #

HOME ADDRESS (address that appears on driver's license) CITY STATE ZIP CODE

D/O/B DEPARTMENT OR DEPARTMENT SPONSOR

I hereby authorize Skidmore College and/or its insurance representative, pursuant to the Driver's Protection Act to periodically obtain and review my Motor Vehicle Record as needed in order to evaluate my insurability when driving a College owned or rented vehicle. I understand that this information will be kept confidential and released only to those College representatives charged with overseeing the College's insurance and employment policies.

I understand that I have an obligation and responsibility to the College and any negative change in the status of my driving record may result in the revocation of the privilege of operating a College owned, leased or rented vehicle.

SIGNATURE

DATE