

Office of Business Services

518-580-5812

STUDENT DRIVER AUTHORIZATION APPLICATION

(APPLICATION MUST BE APPROVED PRIOR TO DRIVING)

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

Skidmore College Students, nominated by an academic department or sanction club, 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)		CLASS YR		STUDENT ID # (from Skidmore ID)	
HOME ADDR	RESS (address that appears on drive	er's license)	CITY	STATE	ZIP CODE
D/O/B	SPONSORING DEPART	MENT/CLU	JB	DEPARTMENT/CLUE	3 ADVISOR

STUDENT E-MAIL ADDRESS STUDENT PHONE

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