

APPENDIX 2.8.1.2.1 DRIVING RECORD RELEASE FORM

AUTHORIZED DRIVER DRIVING RECORD RELEASE FORM

All information must be completed before further processing. Please print clearly.

List below the name and telephone number of the driver's sponsor (supervisor or the individual requesting the driver be authorized to operate a vehicle):

Sponsor's Name: _____ Telephone/Extension Number: _____

Driver's Fontbonne ID # _____

Driver's Last Name: _____

Driver's First Name & Middle Initial: _____

Driver's Birth date (m/d/y): _____ Driver's Social Security # _____

Driver's License Number: _____ State Issued: _____

Attach copy of driver's license in the space provided below:

The signature below authorizes Fontbonne University to request a driving record reference check from the state in which driver is licensed to drive. This authorization expires 60 days after the date on this form and approval to drive must be renewed annually. By signing, I also acknowledge that I have received the University's transportation policy.

Signature: _____

Date: _____

Appendix