

Utica College
Application for College Driving Privileges

NAME: _____ DATE: _____
 Last First Middle

Permanent Address: _____
 St Number and Name City State Zip

Department/Campus Address: _____

Home Phone #: __ (____) _____ Work Phone #: __ (____) _____

Name & Number of Emergency contacts: _____

Date of Birth: _____ Years of driving experience _____

Driver's license number: _____ State of Issuance: _____

Expiration Date: _____ Class or type: _____

Number of moving violations within last 3 yrs: _____

Type of moving violations: _____

I, _____, understand and agree to the following:

1. To the best of my knowledge, the information recorded 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 Utica College and its authorized insurance representatives to inquire and verify the information contained herein to include review of my motor vehicle record. This authorization shall be valid in original, fax or copy form and shall serve as an ongoing authorization to procure MVR information on an ongoing basis during my employment.
3. I agree to abide by all laws and regulations pertaining to the operation of motor vehicles, as well as, College driving policy regulations.
4. I have the right, upon request, to a complete and accurate disclosure of the nature and scope of the report and a copy of my Consumer's Rights under the Fair Credit Reporting Act.

Signature of applicant: _____ Date: _____