



AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I authorize the college, its agents, and other interested parties to make such investigation or inquiry of my personal driving record as may be pertinent to my employment responsibilities or my academic pursuits. I specifically authorize the college to obtain information from the appropriate governmental agencies concerning my driving record. I understand that this information will be used to determine my eligibility to operate college-owned/rented motor vehicles.

I also understand that if I use my personal vehicle for college-related business, I must have current automobile insurance for the car that I use, and will furnish proof of such insurance upon request.

Further, I understand that my eligibility to operate college-owned/rented vehicles will terminate if I do not meet minimum established standards, or if my employment terminates. Additionally, if I am a student, I understand that my eligibility will terminate on my currently projected date of graduation.

I hereby release and hold harmless the college, its agents and governmental agencies from any and all liability for any damages due to their requesting, issuing and using information about my driving record. This authorization is valid and current until specifically revoked by the signatory.

****IMPORTANT: Please submit one legible copy of current driver license with application.**

Driver is: Staff Faculty Student

Vehicle type: Golf Cart Car Lg. Capacity Vehicle

Name: _____ Date of Birth: _____
 First MI Last

Driver License Number: _____ State: _____ Expiration Date: _____

Email Address: _____

Requesting Department: _____ Position Title: _____

Applicant's Signature Date

Department Authorization (**Signature Required**) Date

Department Authorization (**Please Print**)

For Students Only - Projected Graduation Date: _____

Applicants' acceptability for positions requiring use of a college vehicle is contingent upon a driving record acceptable to The Claremont Colleges' automobile liability insurer.

**Faculty and Staff return completed form to:
HMC Human Resources Office
Kingston Hall**

**Students return completed form to:
Dean of Students Office**