

LAFAYETTE COLLEGE

REQUEST FOR APPROVED DRIVER STATUS

This form must be delivered in person to the Treasurer's Office (6 Markle Hall) where your driver's license will be photocopied.
Submission at the Treasurer's Office must be made at least one week prior to driving a College vehicle.

In connection with my application for APPROVED DRIVER status with Lafayette College, I understand that prior to or at any time after my acceptance as an APPROVED DRIVER, a Motor Vehicle Report may be requested from the public records to the extent permitted by law from various local, state and federal agencies.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY MOTOR VEHICLE HISTORY.

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if my application for APPROVED DRIVER is denied because of information obtained. If so, I will be so advised in writing and be given the name and address of the agency, a statement that the action was based in whole or in part on information contained in the report and written notice that I have the right to dispute the accuracy or completeness of any information in the Motor Vehicle Report furnished. I understand that upon my request with reasonable notice, Lafayette College will supply me with a copy of the Motor Vehicle Report in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law.

I understand that I must authorize procurement of such Report(s). A photographic or faxed copy of this Notification and Release Authorization shall be as valid as the original. In addition, my signature acknowledges that I have read and understand Lafayette College's Transportation Policy.

Signature	Date
Last Name: _____ First Name: _____	
Home Address: _____	
City: _____ State: _____ Zip: _____	
Driver's License Number: _____ State: _____	
Date of Birth: _____ Campus Phone Number: _____	
E-Mail Address: _____	

Department Head /or Designee Signature (required for student applications only)	Department/Organization
Classification: Faculty [<input type="checkbox"/>] Staff [<input type="checkbox"/>] Administration [<input type="checkbox"/>] Student [<input type="checkbox"/>]	Year of Graduation _____ Volunteer [<input type="checkbox"/>]

- Driving privileges will not be granted to individuals with less than two years U.S. driving experience or whose driving history in the most recent three years includes one or more of the following moving violation convictions:
- | | |
|--|---|
| 1. ___ Hit and run | 7. ___ Permitting an unlicensed person to drive |
| 2. ___ Failure to report an accident | 8. ___ Reckless Driving |
| 3. ___ Negligent homicide arising out of motor vehicle use | 9. ___ 3 or more speeding violations |
| 4. ___ Operating during a period of suspension or revocation | 10. ___ Speed in excess of 25 mph over the posted limit |
| 5. ___ Using a motor vehicle for the commission of a felony | 11. ___ Two preventable accidents in a 12-month period |
| 6. ___ Operating a motor vehicle without the owner's authority | |

OR

___ **The driver has been cited for driving while under the influence of alcohol or drugs (DWI/DUI) or underage alcohol consumption or possession of illegal substances or weapons within the past 5 years.**

TREASURER'S OFFICE USE ONLY: Authorized [<input type="checkbox"/>] NOT Authorized [<input type="checkbox"/>]
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Filename: Transportation Policy-Request for Approved Driver Status
Directory: P:\PLANTOPS\SHARED-DRIVE\MOTOR POOL
PROGRAM\Current Transportation Policy Documents
Template: C:\Documents and Settings\leslie\Application
Data\Microsoft\Templates\Normal.dot
Title: LAFAYETTE COLLEGE
Subject:
Author: Rosemary Bader
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