

Driver Approval Request Form

Affiliation: _____ Name (as it appears on your driver's license): _____

Home Address: _____ Home City: _____ Home State: _____ Home Zip: _____

Driver's License #: _____ License State of Issuance: _____ License Expiration Date: _____

Date of Birth: _____ E-mail: _____ Dept or Org: _____

Campus Phone Number: _____ If Student, Year of Graduation: _____

Students must review driving materials and successfully complete a quiz prior to driving (refer to Transportation Procedures).

This form, properly completed and signed as appropriate, should be forwarded to the Public Safety Office, Parking and Transportation (901 Bushkill Drive, Room 105) 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, Motor Vehicle Reports 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, local, state or 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 written request with reasonable notice, Lafayette College will supply me with a copy of the Motor Vehicle Report 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 Procedures.

Applicant's Signature

Date

Department Head /or Designee Signature
(Not required for employee applicants)

Date

Driving privileges will not be granted to individuals whose driving records indicate one or more of the items:

Public Safety Use Only:

1. ___ Three or more speeding tickets during the past three years
2. ___ Speed in excess of 25 mph over the posted limit during the past three years
3. ___ Two preventable accidents in a 12-month period during the past three years
4. ___ Operating during a period of suspension or revocation during the past five years
5. ___ Operating a motor vehicle without the owner's authority during the past five years
6. ___ Permitting an unlicensed person to drive during the past five years
7. ___ Reckless driving during the past five years
8. ___ Failure to report an accident or a hit and run accident during past five years
9. ___ Citing for driving while under the influence of alcohol or drugs (DWI/DUI) during the past five years
10. ___ Underage alcohol consumption during the past five years
11. ___ Negligent homicide arising out of the use of a motor vehicle during the any time period
12. ___ Using a motor vehicle for the commission of a felony during any time period
13. ___ Possession of illegal substances or illegally possessing any weapon(s) during any time period