

CLAREMONT MCKENNA COLLEGE

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.*

*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.*

**PLEASE SUBMIT A COPY OF CURRENT DRIVER'S LICENSE (PICTURE MUST BE RECOGNIZABLE) WITH AUTHORIZATION FORM.**

NAME: (First, MI, Last): \_\_\_\_\_

COLLEGE: \_\_\_\_\_ DEPT: \_\_\_\_\_ POSITION: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ LICENSE EXPIRATION DATE: \_\_\_\_\_

DRIVER'S LICENSE:

STATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

OPERATING GOLF CART? ☐ YES ☐ NO

(If yes, required golf cart training must be completed prior to driving a CMC cart; you will be contacted to schedule training)

EMAIL ADDRESS: \_\_\_\_\_

APPLICANT SIGNATURE:

\_\_\_\_\_  
DATE: \_\_\_\_\_

Students only – Projected Graduation Date: \_\_\_\_\_

REQUIRED:

Dept. Supervisor (Please Print) \_\_\_\_\_

Dept. Supervisor Signature: \_\_\_\_\_ Ext: \_\_\_\_\_ Date: \_\_\_\_\_

CMC Payroll Office Use Only:

CMC Student

CMC Temp

CMC Staff/Faculty