

CENTER FOR CALIFORNIA
CULTURAL AND SOCIAL ISSUES **Intake**

PITZER VAN DRIVER APPLICATION
Authorization for Release of Information

NAME _____
Last First Middle Initial

DRIVER'S LICENSE NUMBER _____ STATE _____

EXPIRATION DATE: _____ DATE OF BIRTH: _____

STUDENT DRIVERS ONLY - Projected Date of Graduation: _____

***IMPORTANT: Please attach TWO COPIES of your driver's license (and extension if applicable).**
(NOTE: If you need to drive immediately, you must obtain and attach a copy of your Motor Vehicle Printout from DMV.)

I authorize the College or its agents, and other interested parties to make such investigation or inquiry of my driving record as may be pertinent to my employment responsibilities or my academic pursuits. Specifically, I authorize these parties 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 motor vehicles owned, leased, or rented by the College.

Further, I understand that my eligibility to operate College vehicles will not be granted if I do not meet established minimum standards, or if my employment terminates. 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 Pitzer College and Claremont University Consortium and their agents from any and all liability for any damages due to their requesting or issuing or utilizing information concerning my motor vehicle records.

This authorization is current and valid until specifically revoked by the signatory.

Driver's Signature Date

Position Title: _____ Department Name _____

SUPERVISOR AUTHORIZATION: _____

Applicant's acceptability for positions requiring use of a college vehicle is contingent upon a driving record acceptable to the colleges' automobile liability insurer.

Send completed form to:
CCCSI