



Release of Information Authorization Form
For Driving a College-Owned Vehicle

Name: _____ DOB: _____

Driver License #: _____ State: _____ Exp. Date: _____

STUDENT DRIVERS ONLY

Institution: _____ Projected Date of Graduation: _____

**** IMPORTANT ****
Please attach ONE COPY 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 the 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.

Signature: _____ Date: _____

Position Title: _____ Department/Class: _____

Phone Number: _____ E-mail: _____

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

Supervisor's Name: _____

Supervisor's Signature: _____

Send completed form to:

Elizabeth Torres
Human Resources, McConnell 310, Ext. 79436