



AUTHORIZATION FOR RELEASE OF INFORMATION

Pertaining to Motor Vehicle Driving Record

Please print clearly:

Name (as stated on driver license) _____

Department _____

Campus Address & Extension _____

Date of Birth _____

Driver License Number/State & Expiration _____

STUDENTS ONLY: Projected date of graduation _____

➤ Attach one clear copy of current Driver License **Type of Vehicle:** Van Cart Other

I authorize Pomona College or its agents to make such investigation or inquiry of my 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 and its agents 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.

Applicant Signature

Date

Department Approval/Printed Name & Signature

Date

INSURANCE CERTIFICATION

Please note that the College's workers' compensation policy covers all injuries to employees while they are driving on College business. However, employees or students driving a College vehicle outside of his/her capacity as an employee of the College, are not covered by this policy. Therefore, it is extremely important that all drivers of College vehicles be covered by their own medical insurance. Please acknowledge below that you are covered by such medical insurance and that, in the event of an injury not covered by the College's policy, you understand that the College will not be responsible for the cost of treating your injuries.

I acknowledge that I am covered by medical insurance and, in the event of an injury not covered by the College's policy, the College will not be responsible for the cost of my medical care.

Driver's Signature

Date