



Washington College

AUTHORIZATION TO OBTAIN DRIVING RECORD

I hereby authorize and permit Washington College to obtain information pertaining to my driving history records. I understand these records will be obtained through Verisk Express Net, a third-party consumer reporting agency, in accordance with the Fair Credit Reporting Act (FCRA). I authorize the release of all motor vehicle records maintained on me for the past three years. These records will be reviewed annually to determine my eligibility to drive college vehicles. A copy of this record will be kept on file in the Washington College Transportation Office.

Signature of Operator: _____

Date: _____

FLEET OPERATIONS SAFETY POLICY ACKNOWLEDGMENT

I hereby acknowledge that I have read a copy of the Fleet Operations Safety Policy. I agree to comply with the policies and procedures contained in the policy.

Driver's Signature: _____

Date: _____

DRIVER INFORMATION

Please Check One: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Alum (not F/S) <input type="checkbox"/> Other (specify): _____	
WC College ID #:	
Name:	
Home Address:	
City/State/Zip:	
Date of Birth (MM/DD/YYYY):	
Cell Phone #:	
Department/Club Driving for & Budget #:	
Driver's License Number:	
Driver's License State:	
Driver's License Expiration Date:	

In the past TWO years, have you:

1. Been charged with Driving under the Influence or Driving while Intoxicated? YES NO
2. Been charged with any moving violations? YES NO
3. Been the cause of any vehicle accident? YES NO
4. Had your license to drive suspended or revoked? YES NO
5. Have you ever been involved as a defendant in any lawsuits as a result of your operation of a vehicle? YES NO

IF YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN BELOW or provide a written explanation to the Transportation Manager in an email to transportation@washcoll.edu.

OVER

FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE AND AUTHORIZATION

Washington College may obtain a consumer report and/or investigative consumer report on you for the purpose of evaluating your eligibility to operate college-owned or leased vehicles. This report may include information concerning your driving record, accident history, and other related records from federal, state, or other agencies. The information will be obtained through Verisk Express Net, a consumer reporting agency.

You have the right, upon written request, to obtain a complete and accurate disclosure of the nature and scope of the report, and a summary of your rights under the Fair Credit Reporting Act (FCRA). If any information in the report results in an adverse decision regarding your eligibility to drive, you will receive a pre-adverse action notice and the opportunity to dispute any inaccuracies before a final decision is made.

By signing below, you authorize Washington College and its agents to obtain and review your consumer report and/or investigative consumer report through Verisk Express Net for the purposes described above.

Driver's Signature: _____

Date: _____

Printed Name: _____

PLEASE SUBMIT A PHOTO OF THE FRONT AND BACK OF YOUR DRIVER'S LICENSE WITH THIS FORM.

FOR OFFICE USE ONLY

Date Applied: _____

Cleared? YES NO

Date Cleared: _____

Renewal Date: _____