

Campus Safety  
One Hartwick Drive  
Hartwick College  
Oneonta, NY 13820

I hereby authorize Hartwick College and/or its insurance representative, Gordon B. Roberts Agency, pursuant to the Driver's Protection Act, to periodically obtain and review my Motor Vehicle Record as needed in order to evaluate my insurability when driving a College owned, rented, or leased vehicle. I understand that this information will be kept confidential and released only to those College representatives charged with overseeing the College's insurance and employment practices.

I understand that I have an obligation and responsibility to the College and any negative change in the status of my driving record may result in the revocation of the privilege of operating a College owned, rented, or leased vehicle.

Sincerely,



\_\_\_\_\_  
(Signature) (Date) (Contact number)

Name as it appears on driver license: \_\_\_\_\_

Staff  Faculty  Student

Driver license number: \_\_\_\_\_ State of issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Department / Club / Team: \_\_\_\_\_

Department Head: \_\_\_\_\_  
(please print name) (signature)

Start Drive Date \_\_\_\_\_ Expiration Drive Date \_\_\_\_\_

For Office Use Only:	Yes	No	Year(s)
Driver History - Clearance	<input type="checkbox"/>	<input type="checkbox"/>	_____
On-campus moving violations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Excessive violations (five)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Driving privileges revoked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Judicial Rulings	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Driver Approval Granted:</b> <input type="checkbox"/>	probation period _____		
<b>Driver Approval Denied:</b> <input type="checkbox"/>			
_____		_____	
Authorized Signature		Date	