

DRIVER INFORMATION FORM

FACULTY & STAFF MUST COMPLETE ONCE EVERY TWO ACADEMIC YEARS - Sept. through Aug.

STUDENTS MUST COMPLETE ANNUALLY (once every 12 months & be 21 years old)

Please print legibly and submit to address at bottom of form.

Date: _____ Staff/Faculty/Student ID #: _____
(9 digits located on ID card)

Name: _____
(exactly as it appears on driver's license, including initials) DATE OF BIRTH (required)

Home Address (as it appears on license): _____ Email Address: _____

Status: Faculty Staff/Administrative Volunteer
(select one)
Student → Expected Grad Date _____ (month & year)

Students: Have you attended a **mandatory** driver safety class? _____ ***If not, visit the Office of Risk Management, Job Hall 3, to register for an upcoming class.***

If the information below is identical to that which you have previously submitted, proceed to the signature/date at the bottom.

Campus Phone #: _____ Home Phone # (local phone #, if a student): _____

Driver's License Information:

State: _____ License I.D. # (print clearly): _____
Expiration Date: _____ → **(please update, if necessary)**

Campus Department or Student Activity: _____

Immediate Supervisor: _____

I understand that this information is a requirement for driving privileges for Ithaca College owned or leased/rented vehicles. The final decision of whether or not I will drive such vehicle(s) rests solely with the College's insurance company's report, based on my driver record. **A minimum of 14 business days required to process form.**

I authorize the release of my driving record to the Office of Risk Management, Chubb Insurance Co. (College's insurance carrier), and Arthur J. Gallagher & Co. of NY, Inc. (College's broker).

Signature

Date

Please Return Completed Form to:
Risk Management, Job Hall 3

Revised 1/05

<http://www.ithaca.edu/riskmanagement>