

**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#:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**(required)**

**Home Address** (as it appears on license): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Status:** Faculty  Staff/Administrative  Volunteer  Temporary   
**(select one)**  
Student  → Expected Grad Date (month & year) \_\_\_\_\_

**Students:** Have you attended a **mandatory** driver safety class? Yes  No  \*If not, visit the Office of Risk Management, PRW Center 319, to register for an upcoming class\*  
If known, date of class you have signed up for: \_ \_

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

**Campus Phone #:** \_\_\_\_\_ **Home Phone #** (local phone #, if a student): \_\_\_\_\_

**Driver's License Information:** \_\_\_\_\_ **If MA license, SS#:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **License I.D. #:** \_\_\_\_\_  
**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) and my direct Ithaca College supervisor.

\_\_\_\_\_  
**Signature (must print and sign)** **Date**

**Please Return Completed Form to: Risk Management, 319 Peggy R. Williams Center or fax to 4-5717**