

## DRIVER INFORMATION FORM

Please print legibly and submit to address at top of form. A minimum of 14 business days is required to process a form.

(Exactly as it appears on your Driver's License):

Last Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_ City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Staff/Faculty/Student ID#: \_\_\_\_\_ IC Email Address: \_\_\_\_\_

**Status:** Faculty  Staff/Administrative  Volunteer  Temporary   
(select one)

Student  → Grad Date (mm & yy) \_\_\_\_\_ Ex: May 2017 would be 05/17

**Students:** Have you completed the **mandatory** online driver safety course? Yes  No

\*If not, please visit the Risk Management website at: [http://www.ithaca.edu/riskmanagement/ed\\_prog/](http://www.ithaca.edu/riskmanagement/ed_prog/)

You must submit this form **AND** the course completion certificate. (Required in order to process.)

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

Driver's License I.D. #: \_\_\_\_\_ License State: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

1. Have you held a driver's license for the last 2 years, not including a learner's permit? If no, not eligible Yes  No
2. I understand if I am under 21 years of age I must not drive outside of the boundary of Tompkins County. Yes  No
3. Have you been ticketed for: moving violation/traffic infraction/alcohol infraction? If yes, describe below: Yes  No
4. Have you been in a vehicle accident while driving during the last 3 years? If yes, describe below: Yes  No

Date: \_\_\_\_\_ City/State \_\_\_\_\_

Description: \_\_\_\_\_

Campus Department or Student Activity: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

I certify that all the information provided above is correct and truthful. I understand that this information is a requirement for driving privileges for Ithaca College owned or leased/rented vehicles, and that I have read, understand, and agree to abide by the Ithaca College Driving College Vehicles Policy. I agree to immediately notify my supervisor of any change in my license status, infractions received, on and off campus vehicle incidents, or if my license is revoked or suspended. Violation of College policy may result in loss of driving privileges and/or other disciplinary action.

I authorize the release of my driving record to the Office of Risk Management, my direct Ithaca College supervisor, Human Resources (when necessary) and the College's Insurance Broker and/or Automobile Carrier.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (cannot be electronically signed)

\_\_\_\_\_  
Date