



CONSENT TO VERIFY ' DRIVING RECORD '

TODAY'S DATE: _____

PERSON OR DEPARTMENT DRIVING FOR: _____

DEPARTMENT / DIVISION: _____

DRIVER IS A MT. SAC EMPLOYEE MT. SAC STUDENT MT. SAC VOLUNTEER

DRIVER'S NAME: _____

PHONE: (____) _____ — _____ HOME CELL

E-MAIL: _____ A# _____
(Mt. SAC Employees please use your Mt. SAC e-mail address)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVER'S LICENSE #: _____ BIRTH DATE: _____ STATE: _____

Submit form with copy of driver's license to Transportation Office.

Driver's signature below provides consent for Mt. San Antonio College to obtain his/her DMV driving record and also acknowledges understanding of the *ADMINISTRATIVE PROCEDURES* regarding College vehicles and that failure to comply with the College transportation policies may result in loss of future College vehicle driving privileges. The driving record Information obtained by the College will only be used to approve or deny driving privileges and will be kept on file and updated annually as long as the individual is an active driver for the College. The driving record and other driver information will be destroyed when the individual is no longer an active driver of a College vehicle.

Driver's Signature

Date (MM/DD/YYYY)

Online Training Completed On: _____ (MM/DD/YYYY)

FOR OFFICE USE ONLY