

INDIVIDUAL DRIVER RECORD REQUEST AUTHORIZATION

I hereby authorize Goucher College or its insurance broker/company to obtain my individual driving record from my applicable state) Department of Motor Vehicles, for the purposes of ascertaining my qualification to operate any Goucher College owned or leased vehicle, or my personal vehicle in connection with a College-sponsored activity. **Refer to list below for states or countries that don't permit anyone other than the individual licensee to request their driving history.**

Please check all that apply:

Personal Vehicle Driver certification?

College Vehicle Driver certification?

LAST NAME	FIRST NAME	MIDDLE NAME	DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
			Please write legibly		

Please write the information above in a legible manner. Illegible handwritten information cannot be processed, and will be returned to the requester.

- OneCard ID #: _____
- Please indicate here the department the requester will be representing: _____
- Name of Advisor/Supervisor: _____
- SIGNATURE: _____ DATE _____

NOTE:

1. The signed driver record request form can be emailed, sent via campus mail, or sent by any other electronic means to the Goucher College Financial Administrator **or requesting your record.**
2. The following states or countries do not permit acquisition of a driving record by anyone other than the individual licensee:
 - *Alaska, Alberta, British Columbia, California, Georgia, Guam, New Hampshire, Nova Scotia, Ontario, Pennsylvania, Puerto Rico, Quebec, Saskatchewan, Virgin Islands, Washington and Yukon.*
3. Refer to <http://www.dmv.org/> for more information about obtaining your driver record from these states or countries.