Unity College Driver Authorization Form

Name_____DOB_____College Box #_____
Home Address_____Local Phone #_____

Driver License Information:
State_____License #_____Expiration Date_____Type_____

Faculty/Department Sponsor_____

Van training complete (dates): license check_____classroom_____practical_____

Do you have any driving experience with: Buses Tractor Trailer Other
If yes to any please explain:_____

Accident record for the past 3 years:

Date Nature of Accident Location Injuries
_____
_____
_____

Traffic Convictions for the past 3 years:

Date Location Charge Penalty
_____
_____
_____

Have you ever been denied a license, permit or the privilege to operate a motor vehicle?
No Yes If yes, please explain:_____

Has any license, permit or privilege ever been suspended or revoked?
No Yes If yes, please explain:_____

I hereby authorize Unity College to run a driving record inquiry on my license.

Signature Date