

**Catawba College**  
**Driving Record Consent Form**

I do hereby consent to having my current driving record checked and the information obtained subject to periodic review by the appropriate college and insurance company personnel. I understand that such information is to be used to substantiate a satisfactory driving record required to drive college motor vehicles or those operated in support of college sanctioned activities. I also understand it is my responsibility to notify the Facilities/Transportation Department of any changes that could affect my driving record.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_  
(Please Print Name)

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Faculty/Staff \_\_\_\_\_ Student

Department: \_\_\_\_\_ Phone # \_\_\_\_\_

*Transportation Office Use*

Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

Date: \_\_\_\_\_