

Office of Business Services

PERSONAL INFORMATION (please print):

518-580-5812

## <u>STUDENT</u> DRIVER AUTHORIZATION APPLICATION (APPLICATION MUST BE APPROVED PRIOR TO DRIVING)

Departments: Please return this form with a <u>copy of the applicant's driver's license</u> to: The Office of Business Services.

Skidmore College Students, nominated by an academic department or sanction club, MUST complete this form in order to be approved to operate a College owned, leased or rented vehicle for the purpose of College business. Carefully read this form and provide the following information:

NAME (exactly	as it appears on driver's	s license)	CLASS	YR	STUDE	ENT ID # (from	Skidmore ID)
HOME ADDI	RESS (address that a	opears on driver	's license)	CITY		STATE	ZIP CODE
D/O/B	SPONSORING	DEPARTM	ENT/CLU	<u></u>	DEPARTM	IENT/CLUB	ADVISOR
STUDENT E	-MAIL ADDRESS	STU	DENT PH	ONE #			
Protection Acevaluate my information w	norize Skidmore Cot to periodically or insurability when will be kept confide ing the College's	btain and red driving a Co ential and re	eview my f ollege own eleased on	Motor \ ed or re lly to th	ehicle Rece ented vehic ose College	ord as neede le. I underst	ed in order to and that this
in the status	that I have an ob of my driving reco ed, leased or rent	ord may resu					
SIGNATURE	<u> </u>						
DATE							