

# SKIDMORE



Office of Business Services

518-580-5812

**STUDENT DRIVER AUTHORIZATION APPLICATION**  
(APPLICATION MUST BE APPROVED PRIOR TO DRIVING)

Departments: Please return this form with a copy of the applicant's driver's license 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:

PERSONAL INFORMATION (please print):

\_\_\_\_\_  
NAME (exactly as it appears on driver's license)

\_\_\_\_\_  
CLASS YR

\_\_\_\_\_  
STUDENT ID # (from Skidmore ID)

\_\_\_\_\_  
HOME ADDRESS (address that appears on driver's license)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
D/O/B

\_\_\_\_\_  
SPONSORING DEPARTMENT/CLUB

\_\_\_\_\_  
DEPARTMENT/CLUB ADVISOR

\_\_\_\_\_  
STUDENT E-MAIL ADDRESS

\_\_\_\_\_  
STUDENT PHONE #

I hereby authorize Skidmore College and/or its insurance representative, pursuant to the Driver's Protection Act to periodically obtain and review my Motor Vehicle Record as needed in order to evaluate my insurability when driving a College owned or rented vehicle. I understand that this information will be kept confidential and released only to those College representatives charged with overseeing the College's insurance and employment policies.

I understand that I have an obligation and responsibility to the College and any negative change in the status of my driving record may result in the revocation of the privilege of operating a College owned, leased or rented vehicle.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE