Consent Form for Motor Vehicle Check (2/28/2023)

Motorpool / Gator Driver Policy Motor Vehicle Record Check Consent Form

Name:	
Position:	
Driver's License Number:	
I agree to allow Allegheny College to check my license and to check it periodically thereafter. I fimmediately any license suspensions, serious a condition that may affect my ability to drive an Avehicle, if I am required to drive it).	further agree to report to my supervisor accidents or offenses, or any other
I understand that Allegheny College will use this only and will not furnish this information to a thir	. , , ,
Signature:	Date: