

Hamilton College

Permission Form for Department of Motor Vehicles Report

Name: _____ Class Year: _____

Date of Birth: _____

Operator's License Number: _____ State: _____

Original Year Driver's License Issued: _____

Moving Violations: NO _____ YES (date) _____

Explanation (if yes): _____

In order to evaluate your eligibility to drive a College passenger vehicle, and to ensure your coverage under Hamilton College's insurance while you are driving a Hamilton College vehicle, we will obtain a motor vehicle report on your driver's license from the state motor vehicle department that issued your license. This report will include all driver information on file for you including any traffic violations. Your approval to drive a Hamilton College vehicle will be authorized once this report is received and approved by our insurance company.

Signature: _____ Date: _____

Return to:
Amber Denny
Auxiliary Services Coordinator
Hill Card Office
Bristol Center
adenny@hamilton.edu
Ph: 315-859-4974