



Motor Vehicle Driving Release Form

For insurance and liability purposes with **Calvin College**, I understand that investigative background inquiries are to be made concerning my Motor Vehicle Driving Record.

I authorize without reservation, any party or agency contracted by this employer to furnish the above mentioned information.

I hereby give consent to your obtaining the above information to aid in the proper identification of my file and/or records, the following information, and I hereby furnish it without reservation.

Please print clearly

Name _____ Calvin ID # _____

Drivers License Number _____ State/Province _____

Date of Birth (MM/DD/YY) _____

- Faculty/Staff
- Student
- Volunteer

- Car only
- Large Passenger Van
(includes car and minivan)

Department _____ Account Number** _____
or program for which you will be driving of department for which you will be driving

E-Mail Address _____

Applicant's Signature _____
*Manual signature required – typed name is **not** acceptable*

This release form alone does not grant the applicant to be a Calvin Authorized Driver. The assigned on-line defensive driving course and tests must be completed. Log-on and password information will be sent to the email address listed.

**The on-line defensive driving tests must be completed within 30 days from the date the tests are assigned. If all of the tests are not completed within 30 days, the Account Number provided above will be charged \$50.