

**SYRACUSE UNIVERSITY**  
~University Driving Privileges Form~

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
  Last  First  Middle

Permanent Address: \_\_\_\_\_  
  Street Name  City  State  Zip

Employee or Student Identification Number: \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Department: \_\_\_\_\_

Department/Campus Address \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone#: (\_\_\_\_) \_\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_\_ Campus Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Years of Driving Experience \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class or Type: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Number of Violations within the past three (3) years: \_\_\_\_\_

Type of Violations: \_\_\_\_\_

Number of Accidents within the past three (3) years: \_\_\_\_\_

I, \_\_\_\_\_, understand and agree that to the best of my knowledge, the information recorded on this application is correct. I understand that any misrepresentation or falsification of information may be sufficient cause for rejection of motor vehicle operating privileges and termination of employment.

I acknowledge that I have received a copy of the University's Motor Vehicle Safety Policy and Guidelines and acknowledge that this policy may be updated from time to time by the University. I further acknowledge that I have reviewed the motor vehicle record standards and drug testing sections of the Policy.

I, \_\_\_\_\_, agree to abide by all laws and regulations pertaining to the operation of motor vehicles, as well as University driving policy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness of Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Syracuse University  
University Driving Privileges  
Authorization Form

It is the intent of Syracuse University to use the information put forth in the University Driving Privileges form to conduct an investigation into the driving history of all those completing that form. Upon receipt of the report, the University will review the information and determine if the applicant for driving privileges meets the qualifications set forth in the Syracuse University Vehicle Safety Policy and Guidelines. Syracuse University reserves the right to obtain a Motor Vehicle Report to verify your driving record as deemed necessary; in addition to the right to conduct the additional checks as mandated by the Syracuse University Vehicle Policy and Guidelines and as warranted in the University's judgment.

I, \_\_\_\_\_, authorize Syracuse University to inquire and verify any information concerning my driving record as may be necessary under University policies for employment purposes. This includes my authorization for the University to obtain reports which bear on my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living for employment purposes as defined by the federal Fair Credit Reporting Act (15 U.S.C. §1681 et seq), which governs some background checks, including some driving record checks.

Signature of Employee/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL OR FAX COMPLETED FORM TO:**

Syracuse University Safety Department / 043 Lyman Hall / Syracuse, NY 13244  
Phone: 315-443-5474 / Fax: 315-443-5288