



*Adrian College*

**STUDENT DRIVER APPLICATION FORM  
INFORMATION REGARDING  
APPLICANT'S DRIVING LICENSE & DRIVING RECORD  
CONFIDENTIAL**

This form must be completed by all Adrian College students requesting to drive any vehicle on an official College-sponsored activity. A copy must be kept on file by the Controller in the Office of Business Affairs.

**Please Print**

Student's Full Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

College ID: \_\_\_\_\_ Mail Box: \_\_\_\_\_

Department/Organization requesting authorization: \_\_\_\_\_

Applicant's full name as it appears on driver's license (please attach a photocopy):  
\_\_\_\_\_

Legal Residence (Home Address): \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever been convicted of any alcohol related crime, moving traffic violations or been involved in any vehicular accidents while driving during the past three years? \_\_\_\_\_ no \_\_\_\_\_ yes (describe below):

<u>Date</u>	<u>City/State</u>	<u>Description</u>
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Has your license ever been revoked or suspended in any state? \_\_\_\_\_ no \_\_\_\_\_ yes (describe below):

<u>Date</u>	<u>City/State</u>	<u>Description</u>
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**(Continued on Reverse Side)**

**PLEASE READ THE FOLLOWING AND INITIAL TO INDICATE ACCEPTANCE**

1. \_\_\_\_\_ I certify the accuracy of all information provided and I have read and agree to comply with the Adrian College Student Driver Policy and the Driver Safety and Motor Vehicle Policy. I understand that false statements or misleading omissions may be grounds for College disciplinary action.
2. \_\_\_\_\_ I understand that Adrian College may check my driving records with any state motor vehicle authority for the purpose of administering its driving policies. Such driving inquiries will be considered confidential and treated as such.
3. \_\_\_\_\_ I agree to allow the Business Office to maintain a photocopy my drivers' license as part of the driver approval process.
4. \_\_\_\_\_ I am aware that the Office of the Dean of Students may be asked to provide information to Business Office concerning the disciplinary record and other information relevant to my judgment and ability to drive safely. Information that may be shared will include College sanctions for intoxication at the level of College discipline or higher.
5. \_\_\_\_\_ I acknowledge that being fatigued while driving can be the cause of serious accidents and injuries to myself and others, and pledge not to overextend my time behind the wheel.
6. \_\_\_\_\_ I understand that, when traveling over 150 miles from Adrian, I must either (1) stay overnight before or after the event/activity or (2) name an additional, non-participating approved driver designated for the driving responsibilities.
7. \_\_\_\_\_ I acknowledge the dangers of driving under the influence of drugs (including alcohol) and agree not to engage in such behavior. Furthermore, I understand that my name may be removed from the approved drivers list if I have been sanctioned for any vehicular incidents involving alcohol or drugs, or otherwise fail to qualify as an approved driver. I acknowledge that I have read and understand the Adrian College Fleet/Rented Vehicle Policy.
8. \_\_\_\_\_ I understand that all travel to official College events must receive prior written approval from the appropriate College officer.
9. \_\_\_\_\_ In addition to the above, I acknowledge the personal responsibility of transporting other Adrian College students and will not endanger their safety by taking any risks while driving.
10. \_\_\_\_\_ I understand that approval as a student driver is a privilege rather than a right and my name may be removed from the approved drivers list for causes deemed appropriate by the College.

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

Departmental Approval (*please print*): \_\_\_\_\_ Dept: \_\_\_\_\_

Departmental Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Faculty, Administrator/Director)

Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_