



Authorization To Obtain Motor Vehicle

Records Release Form

I authorize Keck Graduate Institute (KGI) its employees, its agents, and other interested parties to make such investigation or inquiry of my personal driving record as may be pertinent to my employment responsibilities or my academic pursuits annually.

I specifically authorize Keck Graduate Institute to obtain information from the appropriate governmental agencies concerning my driving record. I understand that this information will be used to determine my eligibility to operate Keck Graduate Institute or Claremont University Consortium owned, leased or rented motor vehicles.

Further, I understand that my eligibility to operate Keck Graduate Institute or Claremont University Consortium owned, leased or rented vehicles will terminate if I do not meet minimum established standards, or if my employment terminates. Additionally, if I am a student, I understand that my eligibility will terminate on my currently projected date of graduation.

I hereby release and hold harmless Keck Graduate Institute, Claremont University Consortium, its agents, its employees and governmental agencies from any and all liability for any damages due to their requesting, issuing and using information about my driving record. This authorization is valid and current until specifically revoked by the signatory.

Please submit a legible copy of current license with application.

Name (*First, MI, Last*): _____

Department: _____ Position: _____

Birthdate: _____ License Expiration Date: _____

Driver's License Number: _____ Driver's License Number State: _____

Applicant Signature: _____ Date: _____

Students Only – Projected Graduation Date: _____

Required – Department Supervisor Signature: _____ Date: _____

Required – Human Resources Signature: _____ Date: _____

Application will be revoked if all information is not filled in.

