



Washtenaw COMMUNITY COLLEGE

EMPLOYEE AUTHORIZATION FOR DRIVING RECORD REVIEW

I acknowledge that the information contained in the Washtenaw Community College Management Manual, ¶221 Use of College Vehicles, has been reviewed with me, and a copy of the procedure and driver rules have been furnished to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will periodically review my driving record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a driving record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a driving record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

PRINT EMPLOYEE'S NAME

DRIVER'S LICENSE NUMBER

EMPLOYEE'S SIGNATURE

DATE

REVIEWER'S SIGNATURE

DATE

**Return (Signed form only) to Denise Jones in Facilities
Management, POB 117**