

BARD COLLEGE DEPARTMENT OF TRANSPORTATION

AUTHORIZATION FOR CONSUMER REPORT

I authorize **Bard College** and/or any of its legally authorized agents to obtain my Driver's License Abstract from the issuing State or licensing entity. I understand that this report will contain, but is not limited to, all license, vehicle, accident, and violation information available from the issuing agency. **Bard College** and/or any of its legally authorized agents may obtain this information as often as they deem necessary for as long as I am, or applying to be, a Bard Driver.

I understand that the granting and maintenance of Bard Driver privileges are contingent upon this completed and signed authorization.

Name (as it appears on Driver's License) _____

Signature _____ Date _____

Department _____ Circle One: Faculty / Staff / Student

Cell Number _____ Email Address _____

Driver's License: DOB ___ / ___ / ___ State ___ DL Number _____ Expiration ___ / ___ / ___

Defensive Driving Certificate Number _____ Expiration _____

RULES OF THE ROAD

I have been given, read, understand, and agree to abide by the "Rules of the Road" document. I further understand that granting and maintenance of Bard Driver privileges is contingent upon signing and compliance with this agreement and all conditions as set forth by the **Bard College Transportation Department** in the "Rules of the Road" document and elsewhere.

I further understand that the **Bard College Transportation Department** may change the "Rules of the Road" document or any conditions on Bard Driver privileges at any time and for any legal reason. Changes to the "Rules of the Road" document, my Driver's License, or my Defensive Driving course will require completion and signing of the "Authorization for Consumer Report"/"Rules of the Road" document. My signature below binds me to accept and abide by all future changes and decisions made in this regard by the **Bard College Transportation Department**.

Signature _____ Date _____

Print Name _____