

**BARD TRANSPORTATION SERVICES
AUTHORIZATION FOR
DRIVER ABSTRACT AND MOTOR VEHICLE REPORT**

I understand that privileges I am applying for or hold as a Bard Driver involve the operation of motor vehicles. As a condition of applying for or holding privileges as a Bard Driver, my signature on this document authorizes **Bard College** and/or any of its legally authorized agents to obtain my Driver's License Abstract and Motor Vehicle Report 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 state or licensing entity. **Bard College** and/or any of its legally authorized agents may obtain my Driver's License Abstract and Motor Vehicle Report from the issuing state or licensing entity periodically as they deem necessary for as long as I am, or applying to be, a Bard Driver.

My signature on this document does not authorize Bard College or its agents to release this information to a third party without my expressed written consent.

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

Driving For Dept _____ Student/Staff/Faculty (Circle One) Cell: _____

Signature _____ Date _____

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

Defensive Driving Certificate/Client ID Number _____ Expiration _____

**BARD TRANSPORTATION SERVICES
AGREEMENT TO
RULES OF THE ROAD**

I have been given, read, understand, and agree to abide by the **Bard Transportation Services'** "Rules of the Road" document. I further understand that gaining and maintaining privileges as a Bard Driver is contingent upon signature on and compliance with this agreement and all conditions as set forth by **Bard Transportation Services** in the "Rules of the Road" document for as long as I am, or applying to be, a Bard Driver.

Signature _____ Date _____

Print Name _____