



## RELEASE AND AUTHORIZATION STATEMENT

I authorize the appropriate corporation, companies, state or county offices to release information they may have about me to the College's insurance company to ensure that I am a licensed driver with a satisfactory driving record. I release all parties involved from any liability and responsibility in releasing such information.

I understand that my authorization is required in order to be approved to operate Becker College vehicles, and as such, I shall be covered by Becker College while operating said vehicles. I understand this release and authorization statement grants release of the necessary information on an annual basis while affiliated with Becker College (Students, Faculty & Staff).

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### Department Sponsor's Section

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_

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### Applicant's Section

**\*You must be at least 21 years of age to operate a Becker College vehicle**  
**\*\*A copy of your current license must accompany this application**

Applicant's Name: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State issued: \_\_\_\_\_

Email address: \_\_\_\_\_

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### Transportation Manager & Coordinator for Building/Safety Contracts

Applicant's Photocopy of License Received: Yes \_\_\_ No \_\_\_

Manager's Signature \_\_\_\_\_ Date Approved: \_\_\_\_\_