SUNY Cobleskill

I, _____, hereby authorize University Police to verify my driver's information. This is a DMV record check to determine my eligibility to drive a College owned/leased/rented vehicle. This is also authorization for University Police to enroll me in the License Event Notification (LENS) Service that will notify University Police of any Motor Vehicle Convictions.

Information from Driver's License:

Driver's License ID #:_____

State License Issued In:_____

Name: _____
Last , First Middle Initial

Date of Birth: __ __ / __ __ / __ __

Male/Female: _____

Date: _____

Signature: _____