CABRINI COLLEGE

DRIVER PERMIT APPLICATION

Name _____ Date _____

Address:

Campus Address _____ Phone _____

Home Address _____

_____

Valid U.S. Drivers License: State _____ Number _____

Birth Date _____ Cabrini ID # _____

Years Driving _____

Moving Violations in the last two years _____

_____

Accidents in the last two years _____

_____

Sponsoring Department _____

The undersigned affirms that all information provided is true and correct. I also agree to obey all posted campus and highway speed limits and to wear seat belts at all times. I also authorize Cabrini College to verify my driving record through appropriate means.

Signed _____ Date _____

Cabrini College reserves the right to withdraw van driving privileges from any person for supplying incorrect information or for improper use of college vehicles.

For Office Use Only:

Van Instruction Video Completed _____ Date _____

Approval _____ Date _____