

ADR – American Driving Records and all agencies acting on behalf of American Driving Records, Inc.

Disclosure and Release Form

In connection with my employment and/or enrollment (including contract for service) with Whittier College, I, _____ understand that motor vehicle reports which may contain public and private record information may be requested from ADR. These reports may include but are not limited to the following types of information; name, address social security number, date of birth, driver license or ID number and driver record. I also understand that the information included in such reports will be taken into consideration in deciding whether to grant me Authorized Driver Status to drive College owned/leased vehicles/carts on or off campus and/or to drive student passengers off-campus for college-sponsored purposes as outlined in the College's Motor Vehicle and Authorized Driver Policy.

I authorize, without reservation, any party or agency contacted by ADR to furnish the above mentioned information to Whittier College's Office of Human Resources.

I understand that:

- ADR obtains all driver and vehicle information directly from the various state Department of Motor Vehicles (or a corresponding agency) and does not maintain its own database of driver and vehicle information.
- ADR acts only as a courier and has no control over any of the information that a state discloses in my driver record or vehicle record.
- If there is something inaccurate on my driver or vehicle report, I must contact the DMV directly to have the information corrected and updated.

I hereby authorize procurement of motor vehicle records. This authorization shall remain on file throughout my employment/enrollment and shall serve as an ongoing authorization for Human Resources to procure motor vehicle records on an annual basis so I may retain my Authorized Driver status and/or at anytime during my employment/enrollment if there is reason to believe my driving record has changed that would affect my granted driver status.

Name: _____ Employee/Student ID #: _____

Driver's License #: _____ Issuing State: _____ Date of Birth: _____

Check the appropriate purpose for requesting Driving Clearance:

- | | |
|---|---|
| <input type="checkbox"/> Employment/Use of College Vehicles/Carts | <input type="checkbox"/> Off-Campus Travel of student passengers for college-sponsored purposes |
| Department: _____ | Department: _____ |
| Supervisor: _____ | Date of event: _____ |
| | Trip Organizer: _____ |

Signature: _____ Date: _____

Authorizing Supervisor or Trip Organizer's (faculty/staff) Signature: _____

****Initial ADR Form must be submitted to Human Resources upon hire to receive Authorized Driver status and/or at least 3-5 business days prior to on-campus driving or off-campus travel. A copy of your Driver's License must be attached.***