



**Siena College
College Driver Application**

Name: _____

Drivers License # _____

State Drivers License is issued in _____

Student _____ Employee _____

By signing this application I agree to the following:

*To operate College motor vehicles in accordance with applicable local and federal laws and College regulations as outlined in the College Vehicle & Driver Policy.

*I authorize Siena College to inquire/verify as to my driving record with the NYS Dept. Of Motor Vehicles.

*To report any change in license status immediately (i.e. if your license has been suspended or revoked) to the *Office of Transportation Services* **within one working day** of any such change. If the License is revoked or suspended, operating privileges will be temporarily terminated accordingly.

Signed: _____

Print Name: _____

Date: _____