



AUTHORIZATION TO OBTAIN DRIVING RECORDS FROM THE DEPARTMENT OF MOTOR VEHICLES (INF 254)

Please complete form and submit original to:

California State University, Fullerton
University Police
800 N. State College Blvd., UPD
Fullerton, CA 92834
(657) 278-4308

Please submit **one** original form with your signature **ten (10) business days** prior to driving. Your signature below indicates that you have read and will abide by the campus transportation policies.

You are responsible for verifying this form has been processed prior to driving. To check on the processing status of this form, please log-in to the Employee Training Center and verify under your My Training Requirements link. For Employee Training Center assistance, please contact employeetrainingcenter@fullerton.edu or 657-278-2064.

Section A - Personal Information

Last Name (as it appears on your Driver's License)		First Name (as it appears on your Driver's License)		Middle	Birth Date - mm/dd/yyyy
Street Address			Apartment Number	City	
State	ZIP Code	California Drivers License Number		Drivers License Expiration Date - mm/dd/yyyy	

Section B - Campus Information

Check One:

Faculty
 Staff
 Auxillary
 Student
 Volunteer

Campus Wide ID (CWID)	Department Name	Email	Extension
Supervisor Name		Supervisor Extension	Supervisor Email

Section C - Authorization

I hereby authorize California State University Fullerton Police Department to obtain necessary driver and motor vehicle record data to support this status check.

X _____
(Employee Signature)

(Date Signed)

Date Received:	Initials:	Recorded:	Dept. Contacted:
----------------	-----------	-----------	------------------