

BRYN MAWR COLLEGE

DRIVERS LICENSE REVIEW FORM

Bryn Mawr College Transportation Department
101 N. Merion Avenue
Bryn Mawr, PA 19010
Phone: (610) 526-5206 Fax: (610) 526-5204

Requestor Information:

Company Name: Bryn Mawr College
Contact Person: Steve Green
Contact Phone: 610-526-5206
Contact Fax: 610-526-5204

Road Test

Date: _____

Passed | Failed

Instructor:

Please
photocopy
applicant's
driver's
license
into this
area.

Applicant/Subject Information:

(Please Print All Requested Information)

Name:

Graduation Year:

Address on License:

City:

State:

Zip:

Sex:

Date of Birth:

Driver's License Number:

State:

Email Address:

Phone:

Organization Requesting Certification:

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to any potential employer obtaining the such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

I, _____ hereby authorize AlertDriving.com on behalf of
Bryn Mawr College to request an abstract of my _____ Driver's Operating Record and to administer
a web based safety training course via email and to administer as a prerequisite for certification to drive
College vehicles. I hereby release both Bryn Mawr College and AlertDriving.com from any liability of any
kind or nature relative to their receipt of any abstract of my driving record or administration of the web based
training course.

Applicant's Signature: X

Date:

FOR OFFICIAL USE:

(Pennsylvania) Request for Driver's Info:

Driver Database:

Road Test Date:

Faxed:

Online Prog's:

Time:

MVR Status:

Note:

Billed: