



**CALIFORNIA STATE UNIVERSITY, FULLERTON
 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.,
 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:			
<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Auxillary	<input type="checkbox"/> Student
<input type="checkbox"/> Volunteer			
Campus Wide ID (CWID)	Department Name	Email	Extension
Supervisor Name	Supervisor Extension	Supervisor Email	

Section C - Authorization	
<i>I hereby authorize California State University Fullerton Police Department to obtain necessary driver and motor vehicle record data to support this status check.</i>	
X _____	_____
(Employee Signature)	(Date Signed)

Date Received:	Initials:	Recorded:	Dept. Contacted:
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