



HARDING UNIVERSITY
Driver Questionnaire & Release



Personal Information

Name:		H#:		Ext:	
E-mail:			Cell #:		
Dept:		Status:	Faculty	Staff	Student Other

Driver Information

DL #:		State:		DOB:	
Do you own a vehicle?	Y N	If "Yes", then Make/Model:			

Driver History

Have you driven 12-15 passenger vans before?	If so, list your experience.
Has your driver's license ever been revoked or suspended?	If yes, give dates and details
Have you ever had auto insurance declined or cancelled?	If yes, give dates and details
Have you received a warning or citation for violating a traffic law in the past three years?	If yes, give dates and details
As a driver, have you been involved in an accident in the past three years?	If yes, give dates and details

Driver Authorization

This notice is to inform you that motor vehicle records will be obtained for risk evaluation.

I understand that by signing this form, I give Harding University or the university's designated insurer permission to obtain my motor vehicle record for risk evaluation and that the information listed above is true and accurate.

Date:		Signature:	
-------	--	------------	--