St. Norbert College
Defensive Driving Class Registration
(Please print)

Defensive Driving Class Date: _____

Campus Status (circle one): Faculty / Staff / Student / Other (please specify) _____

Are you required to take this class for a job or organization? YES NO If yes, department taking class for: _____

Please state the name and extension of your supervisor: _____

Are you color blind? YES NO Budget Org. Number to be charged _____

How often do you anticipate driving a St. Norbert College owned/rented vehicle? _____

If you are a student, indicate current class year (circle one) Fresh. / Soph. / Jr. / Sr.

A background check of your driving record will be conducted. All moving violations received in the past 3 years MUST BE LISTED BELOW. Please list each violation with its approximate date (Print none if you did not have a violation during this period):

_____

Authorization for Disclosure and Release of Information

I authorize St. Norbert College and/or Fidelitec, LLC, to retrieve information relating to my past driving records, from all relevant individuals and organizations, including but not limited to government agencies and law enforcement agencies, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, motor vehicle and criminal records. I understand that I have the right to request additional information about these inquiries and any subsequent reports. This additional information will be provided to me upon written request to Fidelitec, LLC, 245 Horizon Drive, Suite 107, Verona, WI 53593.

By signing this form, I also give permission to St. Norbert College to share the information retrieved with my current supervisor.

I hereby certify that all the statements and answers contained on this form are true and complete to the best of my knowledge, and I understand that any false statements or omissions of information contained on this form will be sufficient cause for cancellation of permission to drive a vehicle owned by or rented for St. Norbert College. I release all parties from all liability for any damage that may result from furnishing information and this authorization to St. Norbert College and/or Fidelitec, LLC.

I authorize that a photocopy or fax of this authorization be accepted with the same authority as the original and that this authorization be in effect throughout my employment or enrollment.

_____
Print Name (First, Middle Initial, Last)

_____ _____
Signature Date

_____
Permanent Address City State Zip

_____
Campus Address

_____ _____
Current phone E-mail address

SOCIAL SECURITY NUMBER	BIRTHDATE (MONTH/DAY/YEAR)
DRIVER'S LICENSE NO.	STATE EXPIRES

Please Submit A Copy Of Your Drivers License With This Form.