



REQUEST TO OPERATE COLLEGE VEHICLE

Department Name: _____ Extension: _____

Last Name: _____

First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Driver's License Number: _____

State of Issue: _____ Expiration Date: _____

Are there any reasons why you should not be allowed to operate a Massasoit Community College owned and/or leased vehicle? YES NO IF YES, please explain:
(circle one)

I hearby swear that all of the above answers and statements have been carefully reviewed, are complete and are correct to the best of my knowledge. I hearby authorize Massasoit Community College to conduct a driving record check of my driving history.

Signature

Date

- All information must be completed in order to process request.
- A copy of your driver's license must be submitted with this request.
- All incomplete forms will be returned.
- RETURN COMPLETED FORMS TO THE MASSASOIT COMMUNITY COLLEGE POLICE DEPARTMENT

