

SUNY College of Environmental Science and Forestry
Request for Check of Driving Record

Name: _____

Email: _____

College Unit: _____ College Extension: _____

Check One:

State Employee RF Employee Undergraduate Student Graduate Student Registered Volunteer

In accordance with State University of New York policy on the operation of vehicles either owned or leased by the State, the undersigned agrees to participate in the New York State Department of Motor Vehicles License Event Notification Service.

Further, the undersigned agrees to complete a Vehicle Request Form and file it with ESF Physical Plant.

Place Copy of Driver's License Here

Applicant's Signature: _____ Date: _____

Completed form must be submitted to University Police, 19 Bray Hall.

NOTE: It may take up to two weeks for University Police to receive license verification information from the Department of Motor Vehicles.

For Department Use:
Request to DMV: _____ Response Received: _____ Abstract Received: _____