



## Driver Disclosure and Authorization Form

As an employee of Charleston Southern University, I understand that during the course of my employment, I may be asked to drive University owned vehicles as well as drive students or guests to and from University sponsored events on and off campus. In accordance with the recommendations made by Charleston Southern University's insurance carrier, my driving history record will be obtained from the South Carolina Department of Motor Vehicles as necessary.

By signing this form, I understand that I am authorizing Charleston Southern University to check my driving records as necessary for the duration of my employment with Charleston Southern University.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

Billing Address  
Post Office Box 118087  
Charleston, SC 29423-8087  
aatkins

Shipping Address  
9200 University Boulevard  
Charleston, SC 29406  
5/20/2008