



WWW.ASA.EDU

STUDENT/STAFF DRIVER ACKNOWLEDGEMENT FORM

I _____ am
(Last Name, First Name, MI)

aware that a motor vehicle report of my driving record will be obtained in order for me to operate a vehicle owned by ASA College. The report may be procured by ASA College and may include personal information obtained from State Motor Vehicle Departments, my driving history, and an assessment of my insurability for the insurance program.

By signing this form, I hereby provide my authorization for ASA College to procure such information and report to evaluate my insurability.

Signed: _____
(Print name as it appears on driver's license)

Driver's License #: _____ State of Issuance: _____

Home Address: _____
(Street, City, State, Zip Code)

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____

Department: _____

Signature: _____ Date: _____

DOWNTOWN BROOKLYN

81 Willoughby Street
Brooklyn, NY 11201
Tel.: 718 - 522-9073

MIDTOWN MANHATTAN

1293 Broadway/One Herald Center
New York, NY 10001
Tel.: 212-672-6450

NORTH MIAMI BEACH

3909 N.E. 163rd Street
North Miami Beach, FL 33160
Tel.: 786-279-1740