**THIS WAIVER TO BE USED BY DRIVERS LICENSED IN STATES OTHER THAN WASHINGTON**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account Number**

**EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST**

That I, , am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving

record for employment purposes as defined in (C) below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License # and print full name and date of birth

**EMPLOYER ATTESTATION**

(A) That the company named below is an employer or prospective employer of the above

named individual and that I am a representative authorized to bind said company.

(B) That **AMERICAN DRIVING RECORDS** is acting as agent on behalf of

**Whitman College** who is acting as agent on our behalf to obtain the abstract

of driver records of the above named individual.

(C) That abstracts of driver record shall be used exclusively to determine whether the above

named individual should be employed to operate a school bus, commercial vehicle or for

employment purposes related to driving by an individual as a condition of that individual’s

employment upon the public highways or otherwise at the direction of the employer or organization, and that no information contained therein shall be divulged, sold, assigned, or

otherwise transferred to any third person or party. A commercial vehicle is defined as any

vehicle the principal use of which is the transportation of commodities, merchandise,

produce, freight, animals, or passengers for hire and commercial vehicles.

(D) That the information contained in the abstracts of driver records obtained from states Department of Licensing (or corresponding agency) shall be used in accordance with the requirements of the issuing state.

By affirming my signature below, I declare under penalty of perjury, under the laws of the State

of Washington, that the foregoing is true and correct.

\_\_\_WHITMAN COLLEGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name

\_\_\_345 BOYER AVE. WALLA WALLA WA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_KATHY A. ROGERS, SAFETY COORDINATOR\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Officer’s Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above or for the term of employment or the term as an insured driver for Whitman College**