



Driver's Authorization and Waiver Form

Driver Guidelines

It is a requirement that all employees, volunteers, or agents of Rogue Community College who are authorized drive a vehicle to transport other College employees or students off campus to a field trip, event, or other location, hold an acceptable driving record, valid Oregon driver's license, and current auto insurance coverage. The College may enter the employee's information into the Oregon Department of Motor Vehicles (DMV) system in order to automatically receive notification if a conviction, accident, or suspension is posted to the employee's DMV records. Approved College drivers are required to abide by all applicable College policies and procedures relating to travel, accident/incident reporting, etc. The College reserves the right to deny anyone the approval to drive on behalf of the College.

Driver Waiver and Agreement

I understand that if I fail to provide proof of a valid Oregon driver's license, current insurance coverage, and maintain an acceptable driving record, I will lose the authorization to drive any vehicle (including my own) for the College.

I hereby confirm that I have a valid driver's license and that I am covered by the automobile insurance policy listed below. I agree to notify the College if my auto insurance policy changes. I understand that in the event of an accident involving my own vehicle, my own automobile insurance is primary when I am transporting myself or others to/from any College location or event.

I agree to provide (at own expense) Rogue Community College with a current official copy of my driving record from the DMV prior to transporting students or staff. I further agree that the College may enter my information into the DMV system in order to automatically receive notification if a conviction, accident, or suspension is posted to my DMV records. I understand that a change to my driving record may make me ineligible to drive on behalf of the College.

Signature: _____ Date: _____

Printed Name: _____

Drivers License Number: _____ State: _____ Expiration Date: _____

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Verification by Authorized RCC Manager

I have reviewed the attached forms and authorize the individual listed above to drive on behalf of the College.

Authorized Signature/Verification: _____ Date: _____

Printed Name/Title: _____

Note: Authorized Manager must be the employee's Associate Dean, Dean, the Director of Facilities, or Director of Human Resources and Risk Management or other management designee. Completed form should be routed to the Human Resources department to be retained on file per Oregon Archiving Regulations.

Please attach a copy of driver's license, current certificate of auto insurance, and current official copy of driving record from the DMV to this verification form.