



THE HARKER SCHOOL

**APPROVED DRIVER SYSTEM | INSURANCE COMPANY AUTHORIZATION**

It is understood that my job requires (or may require) me to drive either a company-owned vehicle or my own vehicle on company business.

I understand that the insurance company writing The Harker School's automobile insurance requires a copy of my current driving record to assess my insurability. I also understand that I have the right to see a copy of my motor vehicle record upon request to my employer.

By signing this document, I hereby authorize The Harker School's insurance company and/or its representative ABD Insurance & Financial Services, Inc. to obtain the necessary motor vehicle records and authorize them to send a copy of my motor vehicle record to The Harker School. This authorization will be valid until I leave the employ of The Harker School.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Driver's License State \_\_\_\_\_

Driver's Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Electronic signatures are not accepted.***

***Please print this form, sign it and use a school copy machine to scan and email copies to:***

Brianna Alday ([brianna.alday@harker.org](mailto:brianna.alday@harker.org))

**Note:** You will need to also complete the DMV Pull Notice Authorization form and the Driving Policy and Acknowledgment form. Send all forms to Brianna Alday ([brianna.alday@harker.org](mailto:brianna.alday@harker.org)).