

SUNY GENESEO LENS REQUEST FORM

(License Event Notification System)

I, _____, hereby authorize Facilities Services to verify my NYS driver's license information. This is a NYS DMV record check to determine my eligibility to drive a College vehicle including a leased/rented vehicle.

Information from NYS Driver's License:

NYS Driver's License ID#

Name: (First, Last) _____

Date of Birth: (Month, Day, Year) _____

Male/Female (circle): M F

Please circle the following to indicate status on campus:

Faculty/Staff

Student

Department: _____

Signature: _____ **Date:** _____

****Please forward the completed form to Facilities Services, Clark 116****