



CALIFORNIA STATE UNIVERSITY, STANISLAUS
 Environmental Health, Safety / Emergency Management
 University Police Services
 (209) 667 - 3114 (209) 667 - 3104



Defensive Driver COURSE REGISTRATION FORM

Workshops are held at the MSR 130 CONFERENCE ROOM
DEADLINE TO REGISTER: Friday, May 23, 2008

I choose to attend the Defensive Driver Course on:

Monday, June 2, 2008: 8:30am – 12:00pm

MARK YOUR CALENDAR FOR DATE SELECTED

NO CONFIRMATION WILL BE SENT OUT

Last Name: _____ First Name: _____

Department Driving For: _____ Extension: _____

Driver's License No: _____ Driver's License Expiration Date: _____
(YOU MUST HAVE A VALID DRIVER'S LICENSE) (Month / Day / Year)

Status with the University (CHECK ONE)

Employee

Student / Student Assistant
 ID # _____

Volunteer

DMV RECORD CHECK: *By signing this form you agree to allow your driver's license record to be checked with the Department of Motor Vehicles "Pull Program" which provides the University with driving records information every six months, whenever a citation, or when the driver is involved in a recordable motor vehicle accident.*

Signature: _____ Date: _____

By signing and dating this form, and completing any additional Defensive Driver form(s), I state I am fully aware of it's contents and purposes.

PLEASE RETURN THIS COMPLETED FORM TO THE UNIVERSITY POLICE DEPARTMENT, OR FAX TO 667-3104

FOR OFFICIAL USE ONLY

Public Safety Verification: _____ Date: _____

DGS Online Registered: _____