

**SCHOOLCRAFT COLLEGE**  
18600 Haggerty Road, Livonia, Michigan 48152-2696

**DRIVING RESTRICTION ACKNOWLEDGMENT**

\_\_\_\_\_  
Employee Name (First/Middle/Last)

\_\_\_\_\_  
PID#

**ACKNOWLEDGMENT AND RELEASE OF LIABILITY**

I acknowledge and understand that there are restrictions on my driving record that would prohibit me from driving a motorized or non-motorized College vehicle, according to Schoolcraft College Procedure 5120.1. If I work in an area that has such vehicles, I understand that my driving record will be checked on a yearly basis.

Once the Office of Risk Management has verified that my restriction is clear, my Supervisor and Human Resources will be notified.

Therefore, intending to be bound and as a condition of employment, I have freely signed this acknowledgment on the date indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Scan or email this form to [backgroundchecks@schoolcraft.edu](mailto:backgroundchecks@schoolcraft.edu) or have Campus Police hand deliver to Risk Management - Revised 8/2018*

Retyped—Title Change  
Revised—Cabinet—May 3, 2005  
Retyped—Department/Title Changes—September 14, 2007  
Revised—Cabinet  
September 17, 2019