

# Safe-Ride Driver Application

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you currently enrolled at Pittsburg State University? Yes \_\_\_ No \_\_\_

Are you currently allowed to drive in the state of Kansas? Yes \_\_\_ No \_\_\_

Have you been convicted of an alcohol related driving offense in the last 5 years?  
Yes \_\_\_ No \_\_\_

Have you ever been convicted of a sexual assault crime, or other crime of violence (e.g. assault or battery)? Yes \_\_\_ No \_\_\_

Drivers license: Issuing state: \_\_\_\_\_ License number: \_\_\_\_\_

Days of availability (circle):

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Please return your application to:  
Safe-Ride at  
Student Government Office

# CONSENT TO RELEASE OF CRIMINAL HISTORY INFORMATION

I acknowledge that my acceptance into the Safe Ride program at Pittsburg State University is dependent upon meeting all of the requirements of Safe Ride Guidelines. One of those requirements is to be free of any criminal history that would indicate a potential for violence against another person, or that I am unsafe to operate a motorized vehicle. I release Safe Ride and Pittsburg State University from any potential claim or liability related to the appropriate use of this information.

This consent and release is effective as of the date signed and it will remain effective until further notice. Safe Ride is not required to notify me when the request will be submitted to any law enforcement unit and is not limited to the number of such requests.

**By my signature below I acknowledge and agree that I consent to the access and release of any records maintained by any local, county, state, or national law enforcement unit, including, but not limited to the Kansas Bureau of Investigation and Missouri State Highway Patrol.**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Other name used, if any)

\_\_\_\_\_  
(Parent or Guardian, if a Minor)

\_\_\_\_\_  
(Date)