

PENNSYLVANIA HIGHLANDS COMMUNITY COLLEGE
JOHNSTOWN REGIONAL POLICE ACADEMY

DRIVER'S LICENSE INFORMATION

In consideration of my participation in the driver's training course, I hereby give Pennsylvania Highlands Community College and/or the Johnstown Regional Police Academy permission to investigate the status of my license to operate a motor vehicle

Name as it appears on License	Date of Birth
-------------------------------	---------------

Driver's License Number	Issuing State
-------------------------	---------------

Date Issued	Expiration Date	Class of License
-------------	-----------------	------------------

Address as it appears on License

Are you currently under suspension in ANY state? Yes _____ No _____
If yes, explain below

Have you ever had a license suspended or revoked? Yes _____ No _____
If yes, explain below

Signature	Date
-----------	------