

College and University Trustee Screening Commission



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**DRIVING RECORD REPORT AUTHORIZATION**

**Your signature will be held to constitute a waiver of the confidentiality of any information concerning your driving record. Further, you agree and authorize the Joint Legislative Committee to Screen Candidates for College and University Boards of Trustees to do whatever necessary to help obtain such information.**

*(PLEASE PRINT INFORMATION)*

**NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**SC DRIVER'S LICENSE #** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

***This form remains valid for the duration of your term of office.***