

Release and Applicant Information Form

Illinois Wesleyan University
1312 North Park Street,
Bloomington, Illinois 61701

Contact Phone: 309-556-3034	Contact Person: Patty Burns Contact Fax: 309-556-3764
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Name as it appears on your driver's license: _____	
Will you be driving the 15 passenger shuttle bus? Yes _____ No _____	
Phone Number: _____	Department you are driving for: _____
Mobile Phone Number: _____	Email Address: _____
Faculty/Staff _____ Student _____	If student enter graduation date: _____

Current Address: _____
City: _____
State: _____
Zip: _____

Home Address: _____
City: _____
State: _____
Zip: _____

Sex: _____	Date of Birth: ____ / ____ / ____
Driver's License Number: _____	State: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting