SUNY The State University of New York

SYSTEM ADMINISTRATION

LICENSE EVENT NOTIFICATION SERVICE (LENS)

I,_____ hereby authorize the University Police Department to verify the validity of my driver's license to determine my eligibility to drive a fleet vehicle on State University business. This is also authorization for the University Police Department to enroll me in the License Event Notification Service (LENS). This service is set up to notify University Police of license suspension, revocation or reinstatements only. No other notification will be received. This personal information will be maintained in confidence by the University Police Department. When I leave the employment of the State University of New York, I will be removed from the LENS program.

Information from Driver's License

Driver License ID#: _____

State My License is Issued In: _____

Name: _____

Date of Birth: _____
(MM/DD/YY)

Gender: _____

Date: _____
(MM/DD/YY)

Signature: _____