



FREDONIA LENS RELEASE FORM

To ensure compliance with New York State (NYS) Office of General Service regulations, any employee or student of the State University of New York at Fredonia (Fredonia) who is *required or elects* to operate a NYS owned/leased/rented vehicle (or GEM car) for the purpose of conducting official state business **must** be registered with the NYS Department of Motor Vehicles License Event Notification System (LENS) program.

To be **included** in LENS program, check the “**Yes**” box below, sign and return this form to Human Resources (HR), 511 Maytum Hall, along with a copy of your current NYS driver license. Any Fredonia employee who is *required or elects* to operate a NYS owned/leased/rented vehicle *must* check “Yes.” By completing this form, you are authorizing HR to register your NYS driver license with the NYS [DMV LENS Program](#) to verify your driving record. Participation in the LENS program will *continually* provide Fredonia HR with updated information regarding your driving record. Use of the information obtained via LENS is limited by the [Driver's Privacy Protection Act \(DPPA\)](#).

By participating in the LENS program, you also agree to comply with the terms and conditions set forth in the [Fredonia LENS Policy](#) as well as the [Use of State-owned and State-leased Vehicles](#).

You may also elect to be **excluded** from the LENS program if your job does *not* require you to operate a NYS owned/leased/rented vehicle. To *opt-out* of the LENS program, check the “**No**” box below, sign and return this form to HR, 511 Maytum Hall.

Employee name (printed): _____

If you are a student: Department/Club/Organization: _____

- Yes**, I elect to participate in the LENS program.
 - I have a NYS driver license. *Please attach a copy.*
 - I have an out-of state or international driver license. *Please attach a copy. I affirm that on an annual basis I will provide Fredonia HR with written information, that I may lawfully operate a NYS owned/leased/rented vehicle.*
- No**, I do not elect to participate in the LENS program.

Signature: _____

Date: _____

HUMAN RESOURCES

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