



DEFENSIVE DRIVING CLASS SIGN UP FORM

Check Status:
[ ] Faculty
[ ] Staff
[ ] GA/TA/Doc
[ ] Student Assist.

(Please Print Clearly)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_ Mail Code: \_\_\_\_\_

CA Drivers Lic. #: \_\_\_\_\_ Expire Date: \_\_\_\_\_ Class: A [ ] B [ ] C [ ]

Date of Birth: \_\_\_\_\_ Red Id: \_\_\_\_\_

SDSU \_\_\_\_\_ Aztec Shops \_\_\_\_\_ Associated Students \_\_\_\_\_ Foundation \_\_\_\_\_ Other \_\_\_\_\_

I wish to attend the class on Date: \_\_\_\_\_ at Time: \_\_\_\_\_

Alternate Date: \_\_\_\_\_ at Time: \_\_\_\_\_

Department of Public Safety Use Only:

Criteria Requirements Met:

- 1. California Drivers License Yes \_\_\_ No \_\_\_
2. Driving Record Yes \_\_\_ No \_\_\_
3. Submitted copy of STD 261 Yes \_\_\_ No \_\_\_

Employee is scheduled to complete Defensive Driving on: \_\_\_\_\_ (Date)



Dept. of Public Safety
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www.dps.sdsu.edu
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