APPLICATION FOR DRIVER AUTHORIZATION

Faculty/StaffStudent	SS# last 4 digits (REQUIRED)		
Name (please print) (FII	DCT\	(MAIDDLE)	(I ACT)
(FII	(51)	(MIDDLE)	(LAST)
ADDRESS			
E-MAIL ADDRESS			
CELL PHONE	CLASS OF	(GRAD. YEAR)	_DATE OF BIRTH
DRIVER'S LICENSE # (INCLU	DE STATE)		EXPIRATION DATE
Has your driver's license ever been suspended?Yes		No	
		No	
Have you ever been refused If yes, please explain		Yes	No
In the past three years, hav Reckless Driving or	•	ed of any of the followr? Yes	ving: No
_		it in which you were i	nvolved?
·		•	No
Driving while unde	r the influence of al		
		Yes	No
If yes, explain (include whe	re & when):		
In the past three years, hav	 e you been <i>cited</i> fo	r any of the following	;
Mo	ving Violation	YesYes	No
Acc	cident	Yes	No
If yes, explain (include whe	n, nature of violatio	n and fine):	
To my knowledge, the abo	ve information is co	omplete and accurate	2.
SIGNATURE:			DATE:
*Note: These are minimun	າ qualifications, and	circumstances may a	rise that affect the authorization of
	•		may deny driving privileges at any
	•	•	equire additional qualifications if
			UNIVERSITY OR IT'S INSURANCE
CARRIER WILL REVIEW YOU	R DRIVING RECORD	ANNUALLY.	
(office use only)	_		u Not Authorized
Authorized car drive	Г	Authorized van drive	rNot Authorized