Wittenberg University | POLICE DIVISION

Appendix C

Wittenberg University Motor Pool Vehicle Request Form

Date:_____

Requestor Name:_____

Cell Phone #:_____

Wittenberg E-Mail Address:_____

Department/Club/Greek Org. Name:_____

Number of Passengers (including driver)_____

Vehicle Pick Up Date:_____ Vehicle Return Date:_____

Trip Destination (city & state):_____

Reason for Travel:_____

Driver Name:_____ Driver Cell #:_____

Driver Name:_____ Driver Cell #:_____

Are proposed driver(s) Wittenberg Certified to Drive? _____ Yes _____No

Approver Name (please print or type):_____

Approver Title:_____

Approve [ ] Deny [ ]

Approver Signature:_____ Date:_____

Email completed, approved form to mhilliard@wittenberg.edu

WPD USE ONLY

Approve [ ] Deny [ ] Reason:_____

WPD Signature:_____ Date:_____

Notification Made:_____Phone Call _____E-Mail Date:_____

7-1-2026