

University of the Incarnate Word
Driver Authorization Form

Please Check One:

Full Time Employee

Student

Temporary Employee

Name: (Print)	_____	_____	_____
	Last	First	MI
Driver's License Number:	_____	State:	_____
Date of Birth:	_____		
Department/Organization:	_____		
License Expiration Date:	_____		
PLEASE PROVIDE A PHOTO COPY OF DRIVER'S LICENSE			

VEHICLE USE AGREEMENT

As a condition of my requesting and accepting driving privileges, I agree to a check of my driving record. I also understand that employee driver records will be checked annually.

I agree to inform my supervisor and the Purchasing Department immediately of any changes or updates in my driving record and if my driver's license is restricted, suspended, or revoked for any reason. I understand that any negative change in the status of my driving record may result in the revocation of the privilege of driving a university owned vehicle.

_____	_____	_____
Driver's Signature	Phone	Date

_____	_____	_____
VP, Dean or Director of Authorization Dept.	Phone	Date

Note: Driver is not authorized until Purchasing Department approval is indicated below:

_____	_____	Approved: Yes No
Signature of Manager of Vehicle Services	Date	