

**DRIVER AUTHORIZATION FORM**  
**All Drivers of University Owned Vehicles Must Be Approved Annually**

1. Complete and sign the form - have your supervisor sign - take or mail to Technical Service Coordinator at the Security Department (76 Park St. Ground Floor) **for training (if necessary) and DMV license check.**
2. Provide copy of your driver's license with the application.
3. Completed form with copy of license will be sent to Campus Support Services for final approval and distribution of approved driver listings by Facilities Operations.
4. This form **must** be completed and approved on an **annual** basis by **October 15<sup>th</sup>**.

**ALL STUDENTS AND ALL VAN DRIVERS MUST COMPLETE THE DRIVER TRAINING CERTIFICATION PROGRAM TO BE AUTHORIZED TO DRIVE AN SLU VEHICLE. DRIVER TRAINING ONLY NEEDS TO BE SUCCESSFULLY COMPLETED ONCE!**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ YR. GRADUATED \_\_\_\_\_  
(PLEASE PRINT OR TYPE)

ADDRESS – **Campus** CMR # \_\_\_\_\_ DORM \_\_\_\_\_ PHONE # \_\_\_\_\_  
**- Home** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

DRIVER'S LICENSE \_\_\_\_\_  
**Please attach a copy of your license** (Number) (Class) (State of Issue) (Expiration Date)

List all accidents or convictions within the last 24 months: \_\_\_\_\_

Years of Driving Experience \_\_\_\_\_

**\*\*\* STUDENTS\*\*\* WOULD YOU BE WILLING TO DRIVE FOR OTHER DEPARTMENTS?** \_\_\_\_\_

**I certify that the information presented above is correct and that I will report any change to the University promptly.**

**I hereby authorize the University to obtain a Department of Motor Vehicles' report of my driving records.**

\_\_\_\_\_  
(SIGNATURE) (DATE)

**Department Name** \_\_\_\_\_  
(work for or sponsored by) (DATE)

**Department Supervisor's** \_\_\_\_\_  
**Signature** (PRINT NAME)

<b>DMV CHECK &amp; APPROVAL OF LICENSE BY</b> _____ <b>DATE</b> _____	
<b>Driver Training Course Completed:</b> Date _____	<b>Signature of Trainer</b> _____
<b>Van Authorized</b> _____ <b>Yes</b> _____	<b>No</b> _____
<b>Risk Management</b> _____	
<b>Date</b> _____	(Signature)