University of the Incarnate Word Driver Authorization Form

Р	lease Check One:		
Full Time Employee	St	tudent	
Temporary Employee			
Name (Print)			
Last F	irst	MI	
Driver's License Number:	State		
Date of Birth:	State		
Department/Organization:		_	
License Expiration Date:			
PLEASE PROVIDE A F	PHOTO COPY OF DRI	<mark>IVER'S LICENSE</mark>	
VEHIC	CLE USE AGREEMENT		
As a condition of my requesting and accepting	ng driving privileges I	agree to a check o	of my driving record
I also understand that employee driver recor		_	in my anving record.
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I agree to inform my supervision and the Pu updates in my driving record and if my driver		· · · · · · · · · · · · · · · · · · ·	
reason. I understand that any negative chang		•	•
revocation of the privilege of driving a univer	•	G	,
Driver's Signature	Phone		 Date
5 - 5 - 5			
VP, Dean or Director of Authorization Dept.	Phone		Date
Note: Driver is not authorized until Purchasi	ing Department appro	oval is indicated b	elow:
	- charament abbit		
Circulation of Directors (D. 1914)		Approved:	Yes No
Signature of Director of Purchasing	Date		