

STUDENT DRIVER REQUEST

Must be submitted two weeks in advance.

School or Department _____

Date(s) of Trip _____

Destinations _____

Purpose of Trip(s) _____

Name of Student Driver _____

Driver's License Number _____

**** Copy of license must be attached.**

Type of Vehicle Requesting _____

NOTE: If a 15 passenger van is being requested, the student's driving experience and the size of van previously driven must be stated below.

To be completed by Faculty, Staff, Administration

Requested by _____

Title _____

Date _____

To be completed by Director of Physical Plant or Motor Pool Coordinator

Approved to drive Yes No _____

Signature _____

Date _____