

# EXTRA HELP/STUDENT/VOLUNTEER 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 \_\_\_\_\_

Approved by Department Head \_\_\_\_\_ Date \_\_\_\_\_

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

Approved to drive  Yes  No \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_