

# Purdue University

## Request for Driver Authorization - Student/Volunteer

Please TYPE or CLEARLY PRINT all information exactly as it appears on your Driver's License.  
Submit form to Risk Management. Allow approximately 5 business days for processing.

Driver Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

'Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

PUID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State/Province Issued by: \_\_\_\_\_

Expiration Date (mm/dd/yyyy): \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Status (check one):    Student Employee     Student     Grad Student     Volunteer

Department Name: \_\_\_\_\_ Organization Number: \_\_\_\_\_

### Acknowledgement of Driver Responsibilities

I acknowledge that I have read and understand the information in the University policy "Use of Vehicles for University Business" and agree to abide by all the obligations and requirements contained therein. I understand that failure to comply with these requirements, and/or failure to maintain an acceptable driving record (as outlined in the chart below), will result in revocation of University driving privileges.

If approved, I hereby grant permission to Purdue University to include my name, the last four digits of my Driver's License Number, and my department/student organization affiliation in the University's Approved Driver Database accessible on the Risk Management website. I understand that granting this permission does not constitute a release of my education record by Purdue University.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Motor Vehicle Record (MVR) check costs for students and volunteers are recharged to the department or student organization requesting approval. For departmental requests, Dept. Head/Bus Ofc. signature, Fund, and Cost Center are required. For student organization requests, Advisor signature, BOSO approval, and Business Partner number are required.

**FOR DEPARTMENTAL REQUESTS:**

Fund #: \_\_\_\_\_

Cost Center #: \_\_\_\_\_

RIO/SIO #: \_\_\_\_\_

Signature-Department Head/Business Office \_\_\_\_\_ date \_\_\_\_\_

Printed Name-Department Head/Business Office \_\_\_\_\_

Dept Head/Bus Ofc Approver's e-mail address \_\_\_\_\_

	ACCEPTABLE	UNACCEPTABLE
<b>Moving Violations</b>	2 or fewer violations in the past 3 years.	3 or more violations in the past 3 years
<b>At-Fault Crashes</b>	1 or fewer crashes in the past 3 years	2 or more crashes in the past 3 years
<b>Major Offenses</b>		A single citation in the past 3 years for any of the following offenses: -any alcohol or drug-related driving offenses -refusal to submit to a blood alcohol test -reckless driving -leaving the scene of an accident -any felony crime committed with a vehicle

*Risk Management Use Only*

Approved

Denied

\_\_\_\_\_

Date

\_\_\_\_\_

RM Approval Signature

\_\_\_\_\_

Valid Through Date

**Fax Completed form to Risk Management, 765-496-1338**

**USA General Disclosure and Consent Form**  
**for Motor Vehicle Reports**

Purdue University  
401 South Grant Street  
West Lafayette, IN, 47907  
Phone: (765) 494-1690

**Requestor Information:**

Company Name: Purdue University

Contact Person: Amy Kingma

Contact Phone: 765-494-8104

Contact Fax: 765-49-61338

**Applicant/Subject Information:** *Please Type or Clearly Print All Requested Information*

Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

PUID: \_\_\_\_\_ Department Name: \_\_\_\_\_

Organization Number: \_\_\_\_\_

In connection with your request to operate a vehicle on Purdue University business, a consumer report, as defined by the Fair Credit Reporting Act ("FCRA"), may be obtained by Purdue University from an external Consumer Reporting Agency. Purdue University may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to your driving records.

I hereby authorize Purdue University to obtain consumer reports related to my driving records at any time after receipt of this authorization, to the extent allowed by law, so long as I continue to operate a vehicle on behalf of Purdue University. I agree that this Authorization will be valid, now or in the future, in original, facsimile, copied, or electronic form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

I hereby consent to Purdue University obtaining such information from Sonic e-Learning Inc. and/or any of their agents.

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: X \_\_\_\_\_