

**TRINITY UNIVERSITY  
AUTHORIZED DRIVER REQUEST**

The information you provide on this form will be used to request a Motor Vehicle Report (MVR) from the Department of Public Safety to determine if you meet the requirements to drive for University business. ***(Please complete thoroughly)***

**PLEASE PRINT**

FULL NAME:	DEPARTMENT/ORGANIZATION:	DRIVER'S LICENSE NO:
HOME ADDRESS:	DATE OF BIRTH:	STATE OF ISSUE:
CITY, STATE, ZIP:	SELECT POSITION: <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Volunteer	EXPIRATION DATE:
SELECT VEHICLE TYPE: <input type="checkbox"/> TU <input type="checkbox"/> PERSONAL <input type="checkbox"/> RENTAL <input type="checkbox"/> VAN <input type="checkbox"/> GOLF CART	SELECT STATUS: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp	YRS. DRIVING EXPERIENCE:

**\*\*Please note that additional training is required for Van Drivers and Golf Cart Drivers\*\***

**A copy of your driver's license must be submitted along with this form. Please provide proof of auto liability insurance from your insurance company, only if you will be using your personal vehicle for University business. This coverage must be maintained during the period of time your personal vehicle will be used.**

**IMPORTANT NOTICE:**

**Insurance law requires Trinity University's auto liability insurance to be excess of any private auto insurance when a private vehicle is driven for University business.**

I certify that all the information provided above is correct and that I have read, understood and agree to comply with the Authorized Driver Policy and Guidelines. I agree to inform my supervisor should my license be revoked or suspended for any reason. I further authorize the University to request an MVR for the license(s) listed above. Any falsification of information or failure to comply with the mandatory regulations may result in disciplinary measures and/or removal of my driving privileges for Trinity University.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Supervisor (Print Name)*

\_\_\_\_\_  
*Date*

FOR OFFICE USE ONLY:

\_\_\_\_\_ MVR Approval Number

\_\_\_\_\_ Date Cleared