



## Authorized Driver Acknowledgment Form

In accordance with the *Authorized Driver Policy* of Trinity University, I the undersigned acknowledge that on the date indicated below I reviewed the *Guidelines for Safe Driving* furnished by the University. I agree to comply with the Authorized Driver Policy, including the *Driver's Obligation for Proper Vehicle Use*. I further agree to immediately inform my supervisor and Risk Management should my license be revoked or suspended for any reason. I understand that my authorization to drive for University business is contingent on annual review of the *Guidelines for Safe Driving*, in addition to clearance and authorization by the Risk Management/Insurance Office in accordance with the Authorized Driver Policy.

Office or Department \_\_\_\_\_

\_\_\_\_\_  
Date                      Driver's Printed Name                      Driver's Signature

This acknowledgement form will be maintained by the department or office for a minimum of four (4) years from the first date indicated or for four (4) years after attaining age 18.