

# LOYOLA UNIVERSITY NEW ORLEANS

## DRIVER AUTHORIZATION REQUEST

(Must be approved prior to driving)

This form must be completed by anyone who may, for any reason, need to drive a vehicle on University business. Please read the following and provide the appropriate information. Job offers made to any job applicant who will be required to drive for the University are contingent upon the applicant's completing this form and meeting the driving requirements of the University.

### Please Write Legibly

Last Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
First Name: \_\_\_\_\_ Issued by State of: \_\_\_\_\_  
Email Address: \_\_\_\_\_ @ \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_ # of Years Driving: \_\_\_\_\_  
Description of official University business for which this request is made: \_\_\_\_\_

Indicate One:  Student  Employee  Volunteer  
Indicate One:  University-Owned/Leased Vehicle  Personal Vehicle

Scheduled Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

If the applicant is to be driving over the 12-month school year, please check here:

If the applicant is to be driving a van, please check here:  (For van use only)

Below list any violations and describe accidents for the past three years. If there are none, so state.

*I agree to a check of my driving record, annually if required. I also understand that I must pass the required online driver safety courses prior to driving on University business. I agree to inform my supervisor/advisor and the Risk Management Office whenever any negative change in the status of my driving record may occur, such as license revocation, restriction, or suspension. I understand that any negative change in the status of my driving record may result in the revocation of the privilege of driving a University vehicle. I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. This authorization and consent shall be valid in an original, fax or copy form. I hereby consent to Loyola obtaining such information from Sonic e-Learning Inc. and/or any of their agents. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.*

Department or Organization Name \_\_\_\_\_ Campus Box # \_\_\_\_\_

Supervisor or Faculty/Staff Advisor's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor or Faculty/Staff Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
Risk Management

\_\_\_\_\_  Approved  
Date \_\_\_\_\_  Denied

**Return this form to the Risk Management Department, Marquette 240, at least 10 days prior to the date of departure.**

**!!!!!!PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS APPLICATION!!!!!!**