

Colgate University

Driver Authorization Form

INSTRUCTIONS

- Complete the relevant sections of this form including department authorization name and signature.
- Attach a photocopy of your driver's license.
- Students must also attach a photocopy of a valid Gate Card.
- If applicable, attach a copy of your valid New York State Commercial Driver's License (CDL)
- Employees submit the completed form to the Department of Environmental Health and Safety.
- Students submit the completed form to the Department of Campus Safety.
- You will be notified once you have been authorized to operate Colgate University owned, leased, or rented vehicles.

APPLICANT INFORMATION

Name: Sam Burt Phone: (617) 784 - 0617
E-Mail: sburt@colgate.edu ID / Gate Card No. 001 - 031 - 277

EMPLOYEE INFORMATION

Department: _____ Job Title: _____
Full-Time / Part-Time: _____

STUDENT INFORMATION

Class Year: Freshman Sophomore Junior Senior Graduate
Full-Time / Part-Time: Part Time

What department are you seeking to obtain motor vehicle use authorization for? Rec Sports

I affirm that I have read, understand, and agree to comply with the Colgate University Driver Safety and Motor Vehicle Use Policy. I authorize the University to obtain on my behalf a copy of my motor vehicle record from my state department of motor vehicles at the time I submit this Driver Authorization Form and at the University's discretion as long as I continue to seek authorization to operate University owned, leased, or rented motor vehicles. I agree to notify the Department of Environmental Health and Safety immediately if my driver's license is surrendered or revoked for any reason, and otherwise as required by the Driver Safety and Motor Vehicle Use Policy. Falsification of information or failure to comply with the Colgate University Driver Safety and Motor Vehicle Use Policy may result in disciplinary action, as well as permanent revocation of driver authorization.

[Signature]
Applicant Signature

[Signature]
Department Authorization Signature

Julie Vair
Department Authorization Printed Name

11 - 5 - 2014
Date

9/1/14
Date

22050 - 299
Fund or Organization Code and Account Number