UNIVERSITY OF WISCONSIN OSHKOSH
STUDENT OR VOLUNTEER DRIVER AUTHORIZATION FORM

Complete entire form. Additional instructions and definitions on reverse side. Return to University Fleet Vehicle office, Facilities Management Center, Room 102. Telephone: (920) 424-0219.

1. Name (please print): _____
   First Middle Last

2. Indicate one: Student ____ Volunteer ____ Indicate one: University vehicle ____ Private vehicle ____

3. **Description** of official State business activities for which this request is made: _____

4. Date of Departure: _____ Date of Return: _____

5. Number of years driving experience: _____ Birth Date _____

6. Driver's License Number: _____ State of Issue _____

   Temporary ____ Probationary ____ Permanent ____

7. **List violations and describe accidents** for the past three years; if there are none, so state. **If out-of state license, a notarized statement from you must accompany this form** stating any violations and describing any accidents (form available from University Fleet Vehicle Office).

8. When a privately owned vehicle is to be used, it should be in a good state of repair. In case of accident, owner's coverage is primary.

9. To the best of my knowledge, the above information is correct. I also acknowledge the University of Wisconsin System has a $5,000 limited medical coverage policy which is excess over all other valid or collectible insurance available for non-employee student drivers and covers only those students of the UW System injured while operating a state-owned auto while on official University business. The UW System has no protection for uninsured motorists and is not responsible for any expenses connected therewith.

VEHICLE USE AGREEMENT

I acknowledge that I have read a copy of the Statewide Fleet Policies and Procedures Manual and understand the statewide agency-specific fleet policies and procedures.

As a condition of my using a University vehicle, I agree to a check of my driving record. I also understand that this clearance is for the current school year only.

I agree to inform my supervisor and the University Fleet Department 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 Owned vehicle.

I further understand that the use of a University vehicle by me if I am under the influence of alcohol or drugs is strictly forbidden. Family members may not ride in fleet or work vehicles, fleet or work vehicles are not to be used for non-University business mileage. Any such vehicle use by me may result in the recovation of the privilege of driving a state-owned vehicle.

_____ _____ _____
Signature of Volunteer or Student Driver Phone Number Date

_____ _____ _____
Signature of Prof./Coord. Making Request Phone Number Date

_____ _____ _____
Signature of Dept. Chair, Dean or Dir. Department Date

Office Use Only

Approved:

_____ _____
Signature Date