

SIUE Driver Approval Form

Driver Information

Driver's Name (Last, First, M.I.) _____ Date of Birth _____ Banner ID _____ Gender _____

Driver's License # _____ State _____ Expiration Date _____

Wright Express Access - fleet fuel credit card (Y or N): _____

6-digit pin* : _____

* pins are subject to verification and approval by Transportation.

Student (effective 6 months)
 Faculty/Staff (effective 1 Year)
 Graduate Assistant (effective 1 Year)
 Bus Driver-Medical Exp. Date _____

In the course of my employment, **I UNDERSTAND** that I must follow the University's Policies for driving a University vehicle. I also acknowledge that SIUE through my state's DMV Office will check my driving history in their State Law Enforcement Agency Data System and driving privileges may be denied pending serious or multiple citations. If I fail to comply with any SIUE policy or Department of Transportation regulation, I will be held accountable for any accident(s) and injuries that may occur and further driving privileges of University Vehicles will be revoked.

Driver's Signature

Date

Department Information

Charges apply for out-of-state and expedited requests

Department Name _____ Box # _____

Budget Purpose Number _____ Fiscal Officer or Delegate Signature _____

Transportation Check: _____

DMV Check: _____ (Transportation Manager)

Comments: _____

Driver Approval Expires: _____

Return To: Transportation Service (Box 1004 or Fax #3103)