



Office of Business Services

509-865-8500

STUDENT DRIVER AUTHORIZATION APPLICATION
(APPLICATION MUST BE APPROVED PRIOR TO DRIVING)

Departments: Please return this form with a copy of the applicant's driver's license to:
The Office of Business Services

Heritage University Students, nominated by an academic department or sanction club, **MUST** complete this form in order to be approved to operate a University owned, leased or rented vehicle for the purpose of University business. Carefully read this form and provide the following information:

PERSONAL INFORMATION (please print):

NAME (exactly as it appears on the license) CLASS YR STUDENT ID # (off IP or Paystub)

HOME ADDRESS (address that appears on the driver's license) CITY STATE ZIP

DOB SPONSORING DEPARTMENT/CLUB ADVISOR

STUDENT E-MAIL ADDRESS _____ STUDENT PHONE # _____

I hereby authorize Heritage University and/or its insurance representative, pursuant to the Driver's Protection Act to periodically obtain and review my Motor Vehicle Record as needed in order to evaluate my insurability when driving a University owned or rented vehicle. I understand that this information will be kept confidential and released only to those University representatives charged with, overseeing the University's insurance and employment policies.

I understand that I have an obligation and responsibility to the University and any negative change in the status of my driving record may result in the revocation of the privilege of operating a University owned, leased or rented vehicle.

SIGNATURE _____ DATE _____