

UNIVERSITY STUDENT VEHICLE DRIVER CLEARANCE AND AGREEMENT

Name of Student Driver _____

Current Phone Number _____ Birth Date ___/___/___

Driver License Number _____ State _____

Number of Years Licensed _____ License Expiration Date ___/___/___

Faculty/Staff/Advisor Signature _____ Dept. _____

Name of Student Organization/ Class/Athletic Team _____

Violations _____ Yes List _____ No _____

Office of Public Safety or Facilities Management Signature _____

STUDENT DRIVER STATEMENT OF RESPONSIBILITIES

Driving a University vehicle with University students or other campus personnel is a responsibility that should be carefully weighed. The driver is in charge and responsible for the safety of the people in the vehicle. Students who cannot respect the driver should be reported to the Conduct Officer. Drivers are expected to drive the most direct way to and from the destination listed. Alcohol is not permitted in the vehicle. The driver is responsible for obeying all traffic laws. The University's insurance covers situations that occur when the vehicle is operated within the law and in a reasonable, prudent and responsible manner.

I have read and understand the guidelines regarding University vehicles and, in order to be allowed permission to operate a University vehicle, I agree to abide by them. I also agree to operate the University vehicle in a safe, prudent and lawful manner at all times. I do truthfully state that I have a valid, non-conditional driver's license and that my privilege to drive is not currently revoked or under suspension, and further I understand that the University may verify my license information and motor vehicle record to determine my eligibility to drive a University vehicle. License information and motor vehicle records are public records per State law (29-A MRSA 256).

My signature reflects that I have read the above, and I have not had any violations or accidents within the last two years.

Student Signature _____

Date Received ___/___/___