

**MICHIGAN STATE
UNIVERSITY**

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Phone (517) 355-5022
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NON-EMPLOYEE STUDENT DRIVER AUTHORIZATION

- 1) Driver complete first section.
- 2) Department complete second section and forward to Risk Management
- 3) After the driving record is reviewed, Risk Management will forward to department for Dean's/Chair's approval. Department will forward to Transportation Services.

DRIVER: complete this section and submit to college/department administrator.

| Full Name | Date of Birth (MM/DD/YYYY) | Driver's License Number |
|-----------|-------------------------------|-------------------------|
| | | |

I certify that:

- I have a current, valid U.S. driver's license, not suspended, revoked, expired, cancelled or surrendered.
- I have not had 3 or more convictions for moving violations within the past 36 months.
- I have not been convicted of drunk driving, leaving the scene of an accident, failure to report an accident, driving with a suspended license or reckless driving within the past 36 months.
- I have never been convicted of obtaining a vehicle unlawfully, possessing a stolen vehicle, or using a vehicle in a crime or in connection with an unlawful act.

I understand that Michigan State University regards the facts to which I am certifying as material in its decision to permit me to drive its vehicle, and is relying upon the accuracy and truthfulness of this certification. I further understand and agree that if I provide false or misleading information; my use of the vehicle is prohibited and unauthorized. This may result in any and all coverage otherwise provided under this agreement being void and in my being held fully responsible for all loss or damage, including liability to third parties.

I authorize Michigan State University to verify my driving record with any appropriate authority, either now or in the future, and I authorize any government motor vehicle department to release my records at the request of MSU or its designee.

Student Signature: _____ Date: _____

DEPARTMENT STATUS (Athletic Department Use Only): _____

DEPARTMENT: complete this section and forward to Risk Management & Insurance.

Department/College Submitting Request: _____

Contact Person: _____ Phone#: _____ Email: _____

Describe activity for which an authorized driver is needed and explain how it supports the mission of MSU:

Destination(s): _____

Travel Date(s): From _____ To _____ or Academic Year (check box)

Student driving record reviewed and verified: does does not meet RM & I requirements.

_____ RM&I Forwarded to Department: _____

Dean/Chair Signature: _____ Date: _____

Maintain this form in the department office. The driver must present this form each time a vehicle is obtained from Transportation Services.
