

# ANNUAL STUDENT DRIVER AUTHORIZATION APPLICATION

APPLICATIONS MUST BE SUBMITTED FOR APPROVAL AT LEAST TEN BUSINESS DAYS PRIOR TO DRIVING

Scan & email this completed form (PDF preferred) along with a scan of your driver's license to: [studentdrive@gwu.edu](mailto:studentdrive@gwu.edu)

This form shall be completed by students who may, for any reason, need to drive a University owned vehicle, or a vehicle leased or rented for the purpose of transporting passengers. COMPLETE THIS FORM EVEN IF ONLY FOR POSSIBLE FUTURE AUTHORIZATION. You will then be assured of your authorization should the need arise for you to drive. Illegible applications will not be processed.

**ALL FIELDS ARE REQUIRED - INCOMPLETE OR ILLEGIBLE FORMS WILL BE REJECTED**

## PERSONAL INFORMATION:

PRINT:	_____ Last Name	_____ First Name	_____ Middle Initial	_____ E-MAIL ADDRESS	
HOME ADDRESS	_____ <i>(address which appears on driver's license)</i>		_____ CITY	_____ STATE	_____ ZIP CODE
_____ BIRTH DATE	_____ DAYTIME TELEPHONE NUMBER	I affirm that I am a student at GW: _____		_____ INITIALS	

## DRIVERS LICENSE INFORMATION:

LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_ ISSUED BY THE STATE OF: \_\_\_\_\_

List driving violations, if any, (excluding parking tickets), and describe any accidents in which you have been involved in the past three(3) years. If none, please indicate by stating "None".

## GENERAL INFORMATION:

Description of official University business for which this request is made:

Dates of Departure / Return: \_\_\_\_\_

*If multiple dates, indicate earliest departure date and "various"*

Check all that apply:

- University-owned Vehicle  
 Rented/Leased Vehicle  
 10 - 12 Passenger Van

- I agree to abide by all laws and regulations pertaining to the operation of motor vehicles, as well as, University policy and driving regulations.
- I agree to a check of my driving record for purposes of approval of this driver authorization. I also understand that my driving record will be checked at least annually to keep this authorization current.
- To the best of my knowledge, the information on this application is correct. I understand that any misrepresentation or falsification of information may be sufficient cause for rejection of motor vehicle driving privileges at GWU.
- 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.

DEPARTMENT NAME: \_\_\_\_\_

*(e.g. CSE, Club Sports, Athletics)*

\_\_\_\_\_  
\*\* STUDENT ORGANIZATION ADVISOR - PRINTED NAME & TITLE

\_\_\_\_\_  
STUDENT ORGANIZATION ADVISOR - EMAIL

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT ORGANIZATION ADVISOR - SIGNATURE

\_\_\_\_\_  
DATE

**\*\*NOTE\*\* - Student Organization Advisor MUST BE A GW EMPLOYEE such as a CSE Advisor, NOT ANOTHER GW STUDENT**