

ANNUAL STUDENT DRIVER AUTHORIZATION APPLICATION

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

Student Driver Program instructions:

- All students who will be driving on behalf of the university must complete this form.
- If you will be operating a 10 - 12 Passenger Van, completed this form and the 10 - 12 Passenger Van Safety Acknowledgment Form
- Complete the form(s) per the instructions provided (all names and signature lines are REQUIRED of Student Driver and GW Sponsor)
- Print and sign the form(s)
- Scan signed forms (save as a PDF with First & Last Name)
- Scan a CLEAR, READABLE, COLOR copy of your drivers license (save as a PDF with First & Last Name)
- GW Sponsor must email all PDF documents to studentdrive@gwu.edu

If you have any questions, contact Health & Emergency Management Safety at studentdrive@gwu.edu

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	(address which appears on driver's license)		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**