

WESTERN KENTUCKY UNIVERSITY
RELEASE AND APPLICANT INFORMATION FORM
Approved Drivers' of University Vehicles

Office of the CFO
G21 Wetherby Administration Bldg.

1906 College Heights Blvd. #11002
Bowling Green, KY 42101-1002
270-745-2035

Requestor Information:

Applicant Name: _____
Last, First MI (as appears on Driver's License)

Work Phone: _____
WKU ID #: _____

WKU Department: _____ Bldg. _____ Rm. _____

Supervisor: _____ Supervisor Phone: _____

WKU Address: _____
(Building & Room Number) Applicant E-mail: _____

Applicant Home Address: _____
Street Address City and State Zip Code

Sex: _____ Date of Birth: _____ Driver's License Number: _____

License Expiration Date: _____ Years Driving Experience: _____

Type of Vehicle to be Driven: _____ Type of Driver: _____
WKU Owned: _____ WKU Employee (Includes Student Employee): _____
Loaned/Leased to WKU: _____ Student, with WKU Employee Present: _____
Short Term Rental: _____ Student, Driving Alone: (Restricted to Warren County) _____
Spirit Master _____
Other - See Vehicle Use Policy _____
(Attach Statement with Reason for Driving WKU Vehicle)

List all states in which you have been a licensed driver for the past 3 years:

List any moving violations in the past three years (if none, so indicate):

In connection with this application, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that the University may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency to furnish the above information and release all parties involved from any liability and/or responsibility for doing so. I hereby give consent to **Western Kentucky University** and/or any of their agents to obtain such information. This authorization and consent shall be valid in an original, fax or copy format. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

I certify by my signature that I have not been convicted of an offense of operating a motor vehicle while under the influence of any drugs/alcohol within the last 3 years, nor am I under any restrictions regarding the operation of a motor vehicle. I understand that I am to notify (in writing) the WKU Risk Management Office of any driver's license suspension or revocation for any reason.

Failure to provide information requested may result in a delay of WKU driving privileges.

Applicant's Signature: _____

Date: _____

ATTACH COPY OF DRIVER'S LICENSE