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

Office of the CFO, ATTN: Nicole Boaz
G19 Wetherby Administration Bldg.

1906 College Heights Blvd. #11002
Bowling Green, KY 42101-1002
270-745-5859

Requestor Information (if different from Applicant or Supervisor):

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

WKU Department _____ WKU ID # (aka 800#): _____

Supervisor: _____ Supervisor Phone: _____

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

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

Sex (per DL): _____ Date of Birth: _____ Driver's License Number: _____
State of Issue: _____

DL Expiration Date: _____ # Years Driving: _____ Year License obtained: _____

Type of Vehicle to be Driven: (mark with X)

WKU Owned ONLY	
Loaned/Leased ONLY	
Short Term Rental ONLY:	
All of the above	

Type of Driver (Mark with X):

WKU Employee (Includes Student Employee):	
Student, with WKU Employee Present:	
Student, Driving Alone: (Restricted to Warren County)	
Spirit Master	
Sodexo	
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:

If you have an out of state license in the past 3 years, please provide the index to which your department wants to code the Motor Vehicle Report fee: _____

Have you had any moving violations in the past 3 years? ____ YES _ NO If yes, list date and type below:

In connection with this application, by selecting each item below, I attest to the following:

_____ 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 understand that the information contained in this information related to my driving records will be used to determine if I am authorized to operate University insured vehicles.

_ _ 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 electronic, 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 acknowledge that I have read the Summary of Your Rights Under the Fair Credit Reporting Act at the following website:

https://files.consumerfinance.gov/f/201504_cfpb_summary_your-rights-under-fcra.pdf

_____ I acknowledge that I am to notify (in writing) the WKU Controller's office of any moving violations, driver's license suspension or revocation for any reason. Emails can be sent to nicole.boaz@wku.edu, written correspondence may be sent by campus mail or dropped off in the Wetherby Administration Building, Ground Floor , Room G19.

_____ 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 also certify by my signature that I he read the University Policy (3.7011) for Use of Vehicles insured by the University (available on wku.edu website).

_____ I understand that failure to provide requested information may result in a delay/revocation of WKU driving privileges.

_____ I consent to conduct business electronically, affirmatively provide my electronic signature, and agree to the terms of the E-SIGN Disclosure and Consent. I understand I have the right to request paper copies and withdraw this consent at any time as outlined in the disclosure. ***** PLEASE NOTE:*** **If you withdraw consent prior to the motor vehicle report being requested, we may not be able to process your application electronically, and you will have to finish the process via mail or campus mail.**

Please send the completed application and a copy of the front and back of your Driver's license via Secure Share to nicole.boaz@wku.edu; via campus mail or in person to: Nicole Boaz, Wetherby G19

Secure Share Website: https://secureshare.wku.edu

Applicant's Signature: _____ **Date:** _____

**** If using an electronic signature, you must use an E-signature platform such as Adobe, DocuSign, etc. that includes the audit trail (name, date/time stamp, etc.) or a document containing the audit trail.**

ATTACH COPY OF DRIVER'S LICENSE

Revised 07/22/2026