

**UNIVERSITY OF WISCONSIN OSHKOSH
STUDENT OR VOLUNTEER DRIVER AUTHORIZATION FORM**

Complete entire form. Additional instructions and definitions on reverse side. Return to University Fleet Vehicle office, Facilities Management Center, Room 102. Telephone: (920) 424-0219.

1. Name (please print): _____

First
Middle
Last
2. Indicate one: Student Volunteer _____
 Indicate one: University vehicle Private vehicle _____
3. **Description** of official State business activities for which this request is made: To attend Geology 344 (Field Geology course) in Utah

4. Date of Departure: _____ Date of Return: _____
5. Number of years driving experience: _____ Birth Date _____
6. Driver's License Number: _____ State of Issue _____
 Temporary _____ Probationary _____ Permanent _____
7. **List violations and describe accidents** for the past three years; if there are none, so state. **If out-of state license, a notarized statement from you must accompany this form** stating any violations and describing any accidents (form available from University Fleet Vehicle Office).

8. When a privately owned vehicle is to be used, it should be in a good state of repair. In case of accident, owner's coverage is primary.
9. To the best of my knowledge, the above information is correct. I also acknowledge the University of Wisconsin System has a \$5,000 limited medical coverage policy which is excess over all other valid or collectible insurance available for non-employee student drivers and covers only those students of the UW System injured while operating a state-owned auto while on official University business. The UW System has no protection for uninsured motorists and is not responsible for any expenses connected therewith.

VEHICLE USE AGREEMENT

I acknowledge that I have read a copy of the Statewide Fleet Policies and Procedures Manual and understand the statewide agency-specific fleet policies and procedures.

As a condition of my using a University vehicle, I agree to a check of my driving record. I also understand that this clearance is for the current school year only.

I agree to inform my supervisor and the University Fleet Department whenever any negative change in the status of my driving record may occur, such as license revocation, restriction, or suspension. 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.

I further understand that the use of a University vehicle by me if I am under the influence of alcohol or drugs is strictly forbidden. Family members may not ride in fleet or work vehicles, fleet or work vehicles are not to be used for non-University business mileage. Any such vehicle use by me may result in the revocation of the privilege of driving a state-owned vehicle.

Signature of Volunteer or Student Driver	Phone Number	Date
Signature of Prof./Coord. Making Request	Phone Number	Date
Signature of Dept. Chair, Dean or Dir.	Department	Date

Office Use Only

Approved: _____
 Signature _____ Date _____

University of Wisconsin Oshkosh
Student or Volunteer Driver Authorization Form

General Information

Coverage for use of University-owned vehicles is restricted by our State Self-Funded Liability Program. It is a requirement of the State Self-Funded Liability Program that any student or volunteer driver must have an approved Student or Volunteer Driver Authorization Form on file in our office to qualify as an agent of the State prior to using a University vehicle.

In no case will this form be valid beyond the current fiscal year.

Definitions

Student Driver:	A person enrolled in one of the 4-year or Center System campuses.
Volunteer Driver:	An individual other than a student, employee or Regent.