

**UNIVERSITY OF IOWA – FLEET SAFETY PROGRAM
DEPARTMENT/PROGRAM STUDENT DRIVER AUTHORIZATION**

College _____ Contact Name/Title _____

Department _____ Contact Phone Number _____

Program Title/Description _____

Purpose of Trip _____

Destination/Route: _____

Travel: Departure Date/Time _____ Return Date/Time _____

Driver Information: **NOTE:** Out of state licenses require three (3) days' prior notice & fees.
Primary Driver:

Name	Date of Birth	Driver License No.	State
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Alternate Driver:

Name	Date of Birth	Driver License No.	State
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Passenger Name: _____ **Relationship of Passenger to UI/College (check one box)**

_____	<u>Employee</u>	<u>Student</u>	<u>Volunteer</u>	<u>Guest</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Departmental Approval and Authorization:

I confirm that the above described trip is officially approved by University and the above-listed persons are traveling as representatives of and at the request of the University of Iowa.

I further state and confirm that I have personally advised the above designated driver that he/she is responsible for providing information to the passengers (and alternate drivers) regarding vehicle-use policies including security of the vehicle during the trip, performing headcounts, the assigning of an alternate driver and the reasonable use of rest stops as necessary for the safe travel of the above parties to the described destination.

Approved: _____ Date _____
Signature, Department Executive/Authorized Representative

Vehicle Use Authorized: _____ Date _____
Signature, Fleet Safety or Fleet Services Administrator

Return form to: **Risk Management**
305 Plaza Centre One (PCO)