

University of West Georgia University Police Department Driver Authorization Application Form

The following form must be completed prior to an employee/volunteer being permitted to drive a University owned vehicle. Please fill out the form, copying the requested information directly from your current driver's license. When fully completed and signed, please send the form to University Police/Business Manager for processing.

Name: _____ Date of Birth: _____ Gender: ___ Race: _____
(Last, First, Middle)

Address: _____ City _____ State _____

State or County/Province license issued by: ___GEORGIA___

License Number: _____ Expiration Date: _____

By my signature, I authorize the University of West Georgia, University Police Department to examine my driving history. I attest that the information provided is true to the best of my knowledge.

Applicant's Signature: _____ E-mail address: _____

Department Name: _____ Department Phone Number: _____

Today's Date: _____

Dean/Director's Signature: _____

NOTICE: *A copy of your driver's license MUST accompany this request.

*We cannot run out of state licenses. Individual departments are responsible for obtaining those reports. Please forward a copy of the out of state report to the University Police/Business Manager so that the employee can be added to the authorized list of University drivers.