



# Driver Verification Form

This form, along with a copy of the applicant's driver's license and automobile insurance card may be submitted to request authorization to drive off-campus for official club business. This form should be submitted a **minimum of ten business days prior to the first requested travel date**. Failure to do so may result in a delay in processing this application. The applicant will be notified of the status after being reviewed by University Police. Any individual driving off-campus for official club business that has not been approved may be subject to disciplinary actions.

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Vehicle Inspection Information (choose one):**

New York State Vehicle Inspection Expiration Date: \_\_\_\_\_

Other State Vehicle Inspection Expiration Date (indicate state): \_\_\_\_\_

My vehicle is registered in a state that does not require inspection (indicate state): \_\_\_\_\_

**Driving Record Background Check**

By signing below, I authorize University Police to obtain my driving record, which may include any convictions for traffic violations or accidents. This information will only be used to determine my eligibility to drive a personal vehicle or a rental vehicle to official club business.

\_\_\_\_\_  
Signature Date

**University Policy Review**

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_