

# STUDENT DRIVER AUTHORIZATION

MOTOR POOL  
WASHINGTON STATE UNIVERSITY  
PULLMAN, WA 99164-1075

Prepare one authorization form for each student driver.  
Only authorized persons may drive state vehicles.

Name of student (last, first, middle initial)	Date (month/day/year)
Driver's license number	State of license issue

Department/college

Will the student be supervised by WSU staff or faculty?                      ( )    Yes                      ( )    No

Name(s) of supervising staff or faculty member(s)

Destination

Purpose of trip

Authorization for the following period:                      Month/day/year                      to                      Month/day/year

*In accordance with Washington State law and Washington State University rules and regulations, I hereby authorize the above-named student to operate a state-owned vehicle and I also accept responsibility for proper care and operation of the vehicle.*

*The above-named student is familiar with the policies governing the use of state vehicles as presented in **Business Policies and Procedures Manual 95.35** and **Safety Policies and Procedures Manual 7.10**.*

Signature of department chair or equivalent administrator

X