

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 S35.10**.*

Signature of department chair or equivalent administrator

X