## DRIVER CLEARANCE

**NAME(Print):**

**TU ID #:**

**E-Mail:**

<table>
<thead>
<tr>
<th>DEPARTMENT: CLUB &amp; ACTIVITY</th>
<th>EMPLOYMENT TYPE (FTE, CONT, VOL, STUD):</th>
</tr>
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<table>
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<tr>
<th>DRIVERS LICENSE NUMBER:(Print)</th>
<th>STATE OF ISSUE:</th>
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<tr>
<th>DATE OF BIRTH:(Print)</th>
<th>DATE CLEARANCE NEEDED:</th>
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### TYPE OF CLEARANCE NEEDED (CHECK ONLY ONE)

- **Facilities Use Only**
  - **Cars & Mini-Vans Only**
    - **(1-8 Passengers Only)**
  - **Large Van**
    - **Requires: A 1 Hour Check-Out/ Training**
    - Call 2481 after passing Defensive Driving Test
to schedule van test.

### General Rules

- **Student Insurance**
- **MVD Record Sent**
- **MVD Record Received**
- **DD Access**
- **DD Test Passed**
- **Large Van Test E-Mail**
- **Large Van Test Passed**
- **Cleared E-Mail**
- **Added to Master List**

### STUDENT EMPLOYED BY YOUR DEPARTMENT?

- **YES- Student’s Insurance Not Required**
  (DEPARTMENT HEAD INITIALS NEEDED)
- **NO- Student’s Insurance Required**

### ADDITIONAL COMMENTS:

<table>
<thead>
<tr>
<th>DEPARTMENT HEAD NAME: (PRINT OR TYPE)</th>
<th>DEPARTMENT HEAD SIGNATURE:</th>
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### ***TRANSPORTATION SERVICES USE ONLY***

<table>
<thead>
<tr>
<th>APPROVAL</th>
<th>DISAPPROVAL</th>
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### ADDITIONAL COMMENTS/ INSTRUCTIONS:

- **DDT:**
- **VT:**

**TRANSPORTATION MANAGER SIGNATURE:**

**DATE:**

**CSD 9/14 V2**