

## **VEHICLE REQUEST/AUTHORIZATION FORM**

1816 THE STATE UNIVERSITY OF NEW YORK		DATE: FILL-IN		
DRIVER'S NAME (#1): FILL-IN		EMAIL? FILL	-IN	
DRIVER'S NAME (#2):		EMAIL:		
DRIVER'S NAME (#3):		EMAIL:		
DEPARTMENT: *HOME DEPT*/Early	y College Programs	PHONE: EXTENSION ACCOL	INT: Entered by	Karla
# & TYPE VEHICLES NEEDED: #		7 PASS 12 F		
<b>DESTINATION:</b> NAME OF HIGH SCI	HOOL	CITY/STATE: HS CITY/STATE		
DEPARTURE DATE: FILL-IN	TIME: FILL-IN AM/	PM RETURN DATE: FILL-IN	TIME: FIL	L-IN AM/PM
REASON FOR TRAVEL: COLLEGE I	N HIGH SCHOOL LIAISO	N COURSE OBSERVATION		
LIST OF PASSENGERS:				
NONE				
DDIVED'S LICENSE A	ALIST DE ON FILE WITH THE	PHYSICAL PLANT OFFICE PRIOR TO T	DAVEL	
I CERTIFY:  I HAVE A VALID NYS DRIVER'S LICENSE  THIS TRAVEL IS FOR OFFICIAL STATE BUSINESS  I HAVE READ THE VEHICLE POLICY AND ACCEPT ALL DRIVER RESPONSIBILITIES AS STATED IN THE VEHICLE POLICY  THAT I WILL NOTIFY THE APPROPRIATE OFFICE OF ANY PASSENGER CHANGES PRIOR TO LEAVING THE CAMPUS (SEE VEHICLE POLICY FOR SPECIFIC REQUIREMENT)  I AUTHORIZE SUNY POTSDAM, PHYSICAL PLANT, TO VERIFY MY DRIVER'S LICENSE INFORMATION UTILIZING THE DMV LENS PROGRAM TO DETERMINE MY ELIGIBILITY TO DRIVE A COLLEGE OWNED/LEASED VEHICLE.		DRIVER (#1) CERTIFICATION & AUTHORIZATION SIGNATURE  DRIVER (#2) CERTIFICATION & AUTHORIZATION SIGNATURE		
		DRIVER (#3) CERTIFICATION & AUTHORIZATION SIGNATURE		
SGA OFFICER AUTHORIZATION SIGNATURE (IF APPLICABLE)		DEPARTMENT HEAD/ADVISOR AUTHO	RIZATION SIGNATUR	E
DEAN OF STUDENT'S SIGNATURE (IF APPLICABLE)		VICE PRESIDENT SIGNATURE (FOR OUT OF STATE TRAVEL)		
AFTER SIG	NATURES ARE OBTAINED, P	LEASE SUBMIT TO PHYSICAL PLANT	OFFICE	
DATE RECEIVED:	INITIALS:	AVAILABLE:	YES	NO
PLATE #:	POSTED BY: _	LICENSE ON FI	LE: YES	□NO
EMAIL SENT:	CANCELED:	PASSENGER LI	ST: YES	□NO