VEHICLE REQUEST/AUTHORIZATION FORM

DRIVER'S NAME (#1): FILL-IN
EMAIL: FILL-IN

DRIVER'S NAME (#2): ____________________________ EMAIL: ____________________________

DRIVER'S NAME (#3): ____________________________ EMAIL: ____________________________

DEPARTMENT: Early College Programs PHONE: EXTENSION: ACCOUNT: Entered by Karla

# & TYPE VEHICLES NEEDED: 4 PASS 7 PASS 12 PASS 12 PASS

NAME OF HIGH SCHOOL: ____________________________ CITY/STATE: HS CITY/STATE:

DEPARTURE DATE: FILL-IN TIME: FILL-IN AM/PM RETURN DATE: FILL-IN TIME: FILL-IN AM/PM

REASON FOR TRAVEL: COLLEGE IN HIGH SCHOOL LIAISON COURSE OBSERVATION

LIST OF PASSENGERS:

NONE

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 AUTHORIZATION SIGNATURE

DEAN OF STUDENT'S SIGNATURE (IF APPLICABLE)

VICE PRESIDENT SIGNATURE (FOR OUT OF STATE TRAVEL)

AFTER SIGNATURES ARE OBTAINED, PLEASE SUBMIT TO PHYSICAL PLANT OFFICE

DATE RECEIVED: ____________________________ INITIALS: ____________________________ AVAILABLE: □ YES □ NO

PLATE #: ____________________________ POSTED BY: ____________________________ LICENSE ON FILE: □ YES □ NO

EMAIL SENT: ____________________________ CANCELED: ____________________________ PASSENGER LIST: □ YES □ NO