

**SAM HOUSTON STATE UNIVERSITY
EMPLOYEE DRIVING PERMIT REQUEST**

PLEASE TYPE

DATE: _____

NAME: _____ SAM ID # _____ BIRTH DATE: _____

As it appears on Driver's License, copy of license attached.

LICENSE#: _____ STATE: _____ EXPIRATION DATE OF LICENSE: _____ TYPE: _____

REQUESTING DEPARTMENT: _____ RESTRICTIONS: _____

SHSU EMPLOYMENT STATUS: FACULTY _____ STAFF _____ STUDENT EMPLOYEE _____

DEPARTMENT CHAIRMAN'S SIGNATURE: _____

IT IS THE RESPONSIBILITY OF THE REQUESTING DEPARTMENT TO VERIFY CURRENT EMPLOYMENT STATUS BEFORE THE APPROVED DRIVER IS ALLOWED TO DRIVE SHSU VEHICLES.

Employee Acknowledgement and Consent to Motor Vehicle Check

Please note that Sam Houston State University requires that all employees whose duties require driving must be insurable at standard automobile rates at all times in order to be employed or to continue employment or to drive university vehicles. Offers of employment and continued employment and/or driving privileges are contingent upon insurability at standard rates. As such, Sam Houston State University intends to obtain a motor vehicle report (driving record report) on you for employment or driving purposes.

Please date and sign below to acknowledge that you have reviewed this disclosure and consent to Sam Houston State University obtaining a motor vehicle report on you during employment.

Signature of Employee

Date

LICENSE VERIFICATION CHECK
To be completed by the University Police

DATE	VIOLATION	COMMENTS

Use reverse if needed

(Below for Committee Use only)

Approval Date

Director of Business Office

Director of Public Safety Services

Approval Date

Director of Physical Plant

Routing Information:

- 1. Department sends to Univ. Police**
- 2. After license check, Univ. Police sends to Director of Business Office**

Approval Date

Director of Public Safety Services