

**UNIVERSITY VEHICLE OUT-OF-STATE STUDENT & TEMPORARY STAFF DRIVER
INFORMATION & AGREEMENT**

Name of Student Driver: _____

Current Phone Number: _____ Birthdate: ____ / ____ / ____

Driver's License Number: _____ State: _____

Number of Years Licensed: _____ License Expiration Date: ____ / ____ / ____

Campus Employee that Approved my use of Campus Vehicle:

Name: _____ Dept. _____

I have read and understand the guidelines regarding University vehicle usage as outlined by the campus Vehicle Administrator and the University System Practice Letter #27 (*which can be found on-line at www.maine.edu, click on Systemwide Services, scroll down to Finance and Treasurer, this will bring you to the Administrative Practice Letters (APL's), click on this then scroll down to APL #27 or see your departments contact person for a copy.*) In order to be allowed permission to operate a University vehicle, I agree to abide by them. I also agree to operate the University vehicle in a safe, prudent and lawful manner at all times. I do truthfully state that I have a valid, non-conditional driver's license and that my privilege to drive is not currently under suspension, and further I understand that the University may verify my license information and motor vehicle record to determine my eligibility to drive a University vehicle. License information and motor vehicle records are public records per State law. (29-A MRSA 256)

Student Driver Signature: _____ Date: ____ / ____ / ____

DEPARTMENT EMPLOYEE RESPONSIBLE FOR DRIVER

Employee Printed Name: _____

Employee Signature: _____

Driver history check to be charged to Chartfield Combination

Dept: _____ Account: _____ Class: _____ Fund: _____ Program: _____ Project: _____