

Attach a copy of your valid Driver's License here

VEHICLE DRIVER AUTHORIZATION FORM

NAME: _____
Last First Middle
ADDRESS: _____

DEPARTMENT: _____ TELEPHONE: _____

EMPLOYEE OR STUDENT ID (if applicable): _____

PLEASE CHECK: UNC Pembroke Employee UNC Pembroke Student Employee

DRIVING RECORD: Number of points on license _____

List each reason for points: _____

List motor vehicle accidents that you have been involved in and explain: _____

It is the personal responsibility of all drivers to report all convictions for moving traffic violations in writing within 48 hours to the University Center Director or Motor Pool.

It is expected that all drivers and passengers obey all applicable motor vehicle and other state laws.

DRIVER'S SIGNATURE: _____ Date: _____

SUPERVISOR'S SIGNATURE: _____ Date: _____

FOR STUDENT EMPLOYEE ONLY:

NOTE: FILE ONE COPY WITH YOUR DEPARTMENT AND ONE COPY WITH THE UNIVERSITY CENTER.