

**VINCENNES UNIVERSITY  
UNIVERSITY VEHICLE DRIVER INFORMATION AND AGREEMENT**

Name of Driver: \_\_\_\_\_

Campus Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of License: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I have read and understand the guidelines regarding University vehicle usage as outlined by the Vincennes University Vehicle Usage Procedures document.

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.

I agree to give the University prompt notice of driving arrests or convictions as listed in the Vehicle Usage Procedures, and I consent to the University Campus Police periodically reviewing my driving record to determine my continued eligibility to drive University Vehicles.

**All information attained by the Vincennes University Police Department will be held in strict confidence.**

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_