RM01 Student/Volunteer Approval Process

NOTE: The approval process takes approximately 5 business days for processing.

- Department determines the need for a student/volunteer to operate a vehicle on University Business and sends the completed RM01 and *USA General Release Forms to Risk Management. Forms may be submitted via fax or Purdue FileLocker to Lisa Fortner. Make sure to complete your department's account number (I/O or WBS #) in the middle section of the RM01 form.
- Risk Management requests an MVR check and will notify both the driver and the departmental approver via email of approval or denial of Request for Driver Authorization.

*If a driver is licensed in the state of Georgia, Pennsylvania, or Washington, the USA General Release Form is not valid. Those drivers should locate and complete the state-specific release form on the Risk Management website.

Purdue University Request for Driver Authorization – Student/Volunteer

Please TYPE or CLEARLY PRINT all information exactly as it appears on your Driver's License. Submit form to Risk Management. Allow approximately 5 business days for processing.

Driver Name (First))		(MI)	(Last)		
Address (Street)			(City)		(State)	(Zip)
PUID #:			Email Address:			
Driver's License#:_			State/Prov	vince Issued b	oy:	
Expiration. Date (mm/dd/yyyy):			DOB (mm/dd/yyyy):			
Status (check one)	: Student Employe	e	Student	_ Vol	lunteer	
Department/Studer	nt Organization Name:					
by all the obligation acceptable driving If approved, I he department/studen	hat I have read and understans and requirements contained record (as outlined in the chareby grant permission to Purt organization affiliation in the ssion does not constitute a re-	d therein. I understand rt below), will result in re due University to include University's Approved	e University policy "U that failure to comple evocation of Univers e my name, the last Driver Database acc	Use of Vehicle ly with these r sity driving priv four digits of cessible on the	s for University Bus equirements, and/o vileges. my Driver's License	r failure to maintain an Number, and my
Driver Signature:			Date:			
requesting appro	nicle Record (MVR) check oval. For departmental red uests, Advisor signature, E	uests, Dept. Head/B	us Ofc. signature,	Fund, and C	Cost Center are re	
FOR DEPARTMEN	NTAL REQUESTS:					
Fund #:						
Cost Center:						
I/O or WBS:						
Signature-Departm	nent Head/Business Office	date				
Printed Name-Dep	artment Head/Business Offic	9				
Dept Head/Bus Of	c Approver's e-mail address					
1					D: 1.15	
	ACCEPTABLE	UNA	CCEPTABLE		Kisk Mai	nagement Use Only

	ACCEPTABLE	UNACCEPTABLE		
Moving Violations	2 or fewer violations in the past 3 years.	3 or more violations in the past 3 years		
At-Fault 1 or fewer crashes in the past 3 years		2 or more crashes in the past 3 years		
Major Offenses		A single citation in the past 3 years for any of the following offenses:		
		-any alcohol or drug-related driving offenses		
		-refusal to submit to a blood alcohol test		
		-reckless driving		
		-leaving the scene of an accident		
		-any felony crime committed with a vehicle		

Risk Management Use Only				
Approved				
Denied				
Date				
Date				
RM Approval Signature				
Valid Through Date				

USA General Disclosure and Consent Form for Motor Vehicle Reports

Purdue University 401 South Grant Street West Lafayette, IN, 47907 Phone: (765) 494-1690

Requestor Information:							
Company Name: Purdue University	_	Contact Person: Lisa Fortner					
Contact Phone: <u>765-494-8104</u>	_	Contact Fax: 765-496-1338					
Applicant/Subject Information: Please Type or Clearly Print All Requested Information							
Name: (First)(MI)		(Last)					
Street Address:	_City:	ST: Zip:					
Email Address:		_					
UID:Department Name:							
Drivers License Number:		State:					
Date of Birth:							
In connection with your request to operate a vehicle on Purdue University business, a consumer report, as defined by the Fair Credit Reporting Act ("FCRA"), may be obtained by Purdue University from an external Consumer Reporting Agency. Purdue University may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to your driving records.							
I hereby authorize Purdue University to obtain consumer reports related to my driving records at any time after receipt of this authorization, to the extent allowed by law, so long as I continue to operate a vehicle on behalf of Purdue University. I agree that this Authorization will be valid, now or in the future, in original, facsimile, copied, or electronic form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.							
I hereby consent to Purdue University obtaining such any of their agents.	inform	nation from Sonic e-Learning Inc. and/or					
Applicant's Signature: X		Date:					
Printed Name of Applicant: X							