

## RM01 Approval Process - University Departments

**NOTE: Please plan ahead! You need to allow approximately 5 business days for processing of Driver Authorization Requests.**

- Department determines it needs a student/volunteer to operate a Vehicle on University Business or for any other University purpose.
- Department provides Form RM01 and USA General Release Form to Student/Volunteer to complete. Student/Volunteer may also access Form RM01 on the Risk Management website, complete the forms on-line, then print and sign. Form can be found at [http://www.purdue.edu/risk\\_mgmt/pdf/rm01D.pdf](http://www.purdue.edu/risk_mgmt/pdf/rm01D.pdf).
- Student/Volunteer completes both the Form RM01 and the USA General Release Form (included with Form RM01)
- ***NOTE: 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.***
- Department fills in Fund#, Cost Center#, RIO/SIO# (if needed), and gets authorization signature (Department Head or Business Office).
- Department sends completed RM01 and Release forms to Risk Management. Forms may be submitted via campus mail or fax.
- Risk Management inputs driver information into on-line driver database (Alert Driving) and requests MVR.
- Risk Management receives notification of completed MVR from Alert Driving and reviews.
- Risk Management notifies both the driver and the departmental approver via email of approval or denial of Request for Driver Authorization.
- If approved Risk Management enters driver's info in the approved driver database, which is accessible from 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/Province Issued by: \_\_\_\_\_

Expiration. Date (mm/dd/yyyy): \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Status (check one):                      Grad \_\_\_\_\_ Undergrad \_\_\_\_\_ Volunteer \_\_\_\_\_

Department/Student Organization Name: \_\_\_\_\_

### Acknowledgement of Driver Responsibilities

I acknowledge that I have read and understand the information in the University policy "Use of Vehicles for University Business" and agree to abide by all the obligations and requirements contained therein. I understand that failure to comply with these requirements, and/or failure to maintain an acceptable driving record (as outlined in the chart below), will result in revocation of University driving privileges.

If approved, I hereby grant permission to Purdue University to include my name, the last four digits of my Driver's License Number, and my department/student organization affiliation in the University's Approved Driver Database accessible on the Risk Management website. I understand that granting this permission does not constitute a release of my education record by Purdue University.

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

**Note:** Motor Vehicle Record (MVR) check costs for students and volunteers are recharged to the department or student organization requesting approval. For departmental requests, Dept Head/Bus Ofc signature, Fund, and Cost Center are required. For student organization requests, Advisor signature, BOSO approval, and Business Partner number are required.

**FOR DEPARTMENTAL REQUESTS:**

Fund #: \_\_\_\_\_

Cost Center #: \_\_\_\_\_

RIO/SIO #: \_\_\_\_\_

\_\_\_\_\_  
Signature-Department Head/Business Office                      date

\_\_\_\_\_  
Printed Name-Department Head/Business Office

\_\_\_\_\_  
Dept Head/Bus Ofc Approver's e-mail address

**FOR STUDENT ORGANIZATION REQUESTS:**

Business Partner #: \_\_\_\_\_

\_\_\_\_\_  
Signature-Student Org Advisor    date

\_\_\_\_\_  
Printed Name-Student Org Advisor

\_\_\_\_\_  
Student Org Advisor's e-mail address

\_\_\_\_\_  
BOSO Approval (for Student Orgs)    date

	ACCEPTABLE	UNACCEPTABLE
<b>Moving Violations</b>	2 or fewer violations in the past 3 years.	3 or more violations in the past 3 years
<b>At-Fault Crashes</b>	1 or fewer crashes in the past 3 years	2 or more crashes in the past 3 years
<b>Major Offenses</b>		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

\_\_\_\_\_  
RM Approval Signature

\_\_\_\_\_  
Valid Through Date

# USA General Release and Applicant Information Form

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: 765-494-8104

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: \_\_\_\_\_

PUID: \_\_\_\_\_ Department Name: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to Purdue University obtaining such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed form to Purdue University Risk Management @ 765-496-1338