



**OPERATION OF UNIVERSITY VEHICLES
AUTHORIZATION FORM**

This form must be completed properly prior to operating vehicles which are owned, leased, rented or otherwise secured for use by Colorado State University.

Use of Vehicle Request

I, _____, am requesting authorization to operate the University vehicle assigned to my department between the dates of _____ and _____.

I hereby attest:

- I have read and understand the University policy and procedures regarding University Vehicles.
- I have a current, valid driver's license and have held my license for two or more years.
- I have passed a motor vehicle record (MVR) check and submitted my MVR to Colorado State University within the last 12 months.

EMPLOYEE:

Informed Consent

I, the employee named above, hereby attest that I have read the Colorado State University Vehicle Policy, and that I understand the policy and the duties imposed upon me by the University.

Printed Name: _____ Drivers License No.: _____

CSUID: _____ Signature: _____

DEPARTMENT HEAD/DIRECTOR:

Vehicle Use Authorization

I hereby authorize the above employee, student or authorized volunteer of CSU to use and operate the University vehicle assigned for the date(s) listed above.

Printed Name: _____

Dept./Title: _____ Signature: _____