

DATE: \_\_\_\_\_

TO: Thomas R. Johnson, Director of Public Safety

RE: Request for Waiver of Vehicle Usage Policy

FOR: \_\_\_\_\_

STUDENT NAME (Please Print or Type)

Student Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Truman State University Student ID (Banner) NO: \_\_\_\_\_

**All of the blanks are information that is REQUIRED.  
This completed form must be submitted to Public Safety  
10 business days prior to the departure date.**

**Who is employed by:** \_\_\_\_\_

DIVISION OR DEPARTMENT

During the following time period: \_\_\_\_\_

SPECIFIC DATES

I hereby request that you waive the Truman State University Vehicle Usage Policy regulations, and extend to the person named above driving privileges equivalent to those extended to full-time University employees.

The Truman State University department named above to operate vehicles in the course of his/her normal employment employs the person named above. The employment status is: (please indicated one)

- 5th year undergraduate student       Graduate Student       GTRA
- Institutional Employee       Work/Study Employee       Scholarship Employee
- SEE Program       Joseph Baldwin Academy       Upward Bound
- Other \_\_\_\_\_

S/he holds a valid State of \_\_\_\_\_ driver's license no: \_\_\_\_\_

**THIS INFORMATION IS REQUIRED**

This person has been advised that it is his/her responsibility to know and understand the University's policy for use of vehicles enforced by the Department of Public Safety. I have determined, to the best of my ability, that in case of accident or mishap s/he will be eligible for coverage under the course of the State's Liability Program for State-owned vehicles.

To further support my confidence in this person, the following materials are attached:

- A copy of current driver's license       Letter of request specifying department/division need

**Requested by:** \_\_\_\_\_

**Division/Department Head Approval:** \_\_\_\_\_



Department of Public Safety Approval \_\_\_\_\_