DATE:			
TO:	Request for Waiver of Vehicle Usage Policy NR: ** STUDENT NAME (Please Print or Type)		
RE:			
FOR:			
**Date of	Birth	-	
**Trumar	State University Student	D (Banner) NO:	
**Studen	t Email address:		
	This completed f	ks are information that is orm must be submitted t s days prior to the depar	to Public Safety
Who is e	mployed by:	DIVICION OD DEDADTMENT	
D	- fallenders that a marked	DIVISION OR DEPARTMENT	
During th	e following time period:	SPECIFIC DATES (i.e. Spring Sem	nester YEAR)
i nereby re	equest that you waive the <u>1 ri</u> the person named above driv	<u>ıman State University Venicle L</u>	<u>Jsage Policy</u> regulations, and se extended to full-time University
	State University department name amed above. The employment sta		urse of his/her normal employment employs
	_5th year undergraduate student	Graduate Student	GTRA
	_Institutional Employee	Work/Study Employee	Scholarship Employee
	_SEE Program	Joseph Baldwin Academy	Upward Bound
_X	Other		
S/he hold	s a valid State of	driver's license	no:
	THI	S INFORMATION IS REQUIRE	ED .
enforced by	the Department of Public Safety. I		nd the University's policy for use of vehicles bility, that in case of accident or mishap s/he wned vehicles.
To further s	support my confidence in this pe	rson, the following materials are at	tached:
	A copy of	current driver's license (REQUIR	ED)
Requested	l by:		- <u></u>
Division/De	epartment Head Approval:		
• • •	• • • • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • • •
Departme	nt of Public Safety Approval_		
Dr	river's License Check	Van	Class