

Vice President for Student Affairs
600 Lincoln Avenue
Charleston, Illinois 61920-3099

Office: 217-581-3221
Fax: 217-581-7676

UNIVERSITY VEHICLE
STUDENT APPROVAL REQUEST FORM

The following Eastern Illinois University student is hereby granted approval to drive a University vehicle for official University business as indicated on the attached request for vehicle use (IGP page 16 1).

Destination and date(s) of travel: _____

Department: _____

Student's Name: _____ E number: _____

Local Address: _____ Phone: _____

I hereby certify that I am duly licensed to drive in the State of Illinois and carry at least the minimum liability insurance coverage required by the Illinois Vehicle Code. I also have received and read the Internal Governing Policy regarding University Fleet and Vehicle Services.

Student Driver's Signature	Driver's License Number	Expiration Date
(Attach copy of driver's license and proof of insurance)		
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Approved By:

_____ Dean/Director	_____ Date
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_____ Appropriate Vice President	_____ Date
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_____ Vice President for Student Affairs	_____ Date
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cc: VPBA Office
Department
Appropriate VP
Student (must have signed copy of this form before driving)