

DRIVER'S RELEASE FORM

| EMPLOYEES | ACCEPTABLE | CONDITIONAL | UNACCEPTABLE |
|--------------------------|--|----------------------------------|---|
| Moving Violations | 2 or fewer violations in the past 3 years. | 3 violations in the past 3 years | 4 or more violations in the past 3 years |
| At-Fault Crashes | 1 or fewer crashes in the past 3 years | 2 crashes in the last 3 years | 3 or more crashes in the past 3 years |
| Major Offenses | | | 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 -operating a vehicle more than 30 mph over the posted speed limit -leaving the scene of an accident -any felony crime committed with a vehicle |

| STUDENT/ VOLUNTEER | ACCEPTABLE | UNACCEPTABLE |
|-------------------------------|--|---|
| Moving Violations | 2 or fewer violations in the past 3 years. | 3 or more violations in the past 3 years |
| At-Fault Crashes | 1 or fewer crashes in the past 3 years | 2 or more crashes in the past 3 years |
| Major Offenses | | 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 -operating a vehicle more than 30 mph over the posted speed limit -leaving the scene of an accident -any felony crime committed with a vehicle |

Driver Certification: My signature below acknowledges 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 therein.

Further, I have self-evaluated based on the correct chart shown above, and hereby certify that I fall within the "Acceptable" category as defined in the chart. I understand that knowingly operating a University Vehicle while not meeting the minimum driver qualifications may result in disciplinary action, and may void any protections I might otherwise enjoy under University policies.

Print Name _____ Signature _____

License State _____ Expires ____/____/____

Start date of trip ____/____/____

Return form to the Campus Credentials and Transportation Office in WU 127 before the start date of the trip.