AUTHORIZED DRIVERS FORM

The University Insurance Office coordinates the auto liability coverage for all University vehicles. All personnel, faculty, and students who are authorized to drive a University vehicle must register to be covered under University insurance. Additionally, these individuals must complete the defensive driving training with Loyola Department of Transportation prior to checking out the vehicle.

Please circle one: Faculty Staff Student

Please print/type and sign:

Driver's Name:_____
Last First Middle

Campus Tel No.:_____ Alt Tel/Pager No.:_____E-mail:_____

Driver's License No.:_____ Exp Date:_____

State Issued:_____ Date of Birth:_____

Signature:_____ Date:_____

If Student, request/authorization from staff is required:

Signature:_____ Date:_____

Staff Name:_____ Ext.:_____

Effective Dates: _____ to _____

A COPY OF VALID DRIVER'S LICENSE MUST ACCOMPANY THIS FORM. Thank you.