

appreciated. Thank you.

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/Pag	ger No.:	E-mail:_	
Driver's License No.:			Exp Date	:
State Issued:		Da	ate of Birth:	
Signature:			Date:	
If Student, request/authori	zation from staff is	required:		
Signature:			Date:	
Staff Name:			Ext.:	
Effective Dates:	to			
Please return this Form, toge use of University vehicle for			cense, no less than two (2) weeks prior to
	arking Services 110 W. Sheridan Rd	l.		
	hicago, IL 60626			
	: 773-508-7036 : 773-508-8153			
Reviewed and Approved By:	:			
			-	

If you have any questions, please do not hesitate to contact us at ext. 87036. Your cooperation is greatly