

RM01 Approval Process - Student Organizations

NOTE: Please plan ahead! You need to allow approximately 5 business days for processing of Driver Authorization Requests.

- Student Organization determines it needs a Student/Volunteer to operate a Vehicle on University Business or for any other University purpose.
- Student Organization provides Form RM01 and USA General Release Form to Student/Volunteer to complete. Student/Volunteer may also access Form RM01 on the Risk Management website, complete the forms on-line, then print and sign. Form can be found at http://www.purdue.edu/risk_mgmt/pdf/rm01S.pdf.
- Student/Volunteer completes both the Form RM01 and the USA General Release Form (included with Form RM01)
- ***NOTE: If a driver is licensed in the State of Georgia, Pennsylvania, or Washington, the USA General Release Form is not valid. Those drivers should locate and complete the State-specific release form on the Risk Management website.***
- Student/Volunteer gets authorization signature (Student Org Advisor).
- Student/Volunteer takes completed RM01 and Release forms to BOSO.
- BOSO fills in Business Partner#, approves RM01 for recharge to Student Organization.
- BOSO forwards completed RM01 and Release forms to Risk Management. Forms may be submitted via campus mail or fax.
- Risk Management inputs driver information into on-line driver database (Alert Driving) and requests MVR.
- Risk Management receives notification of completed MVR from Alert Driving and reviews.
- Risk Management notifies both the driver and BOSO via email of approval or denial of Request for Driver Authorization.
- If approved, Risk Management enters driver's info in the approved driver database, which is accessible from the Risk Management website.

Purdue University

Request for Driver Authorization – Student/Volunteer

Please TYPE or CLEARLY PRINT all information exactly as it appears on your Driver's License.
Submit form to Risk Management. Allow approximately 5 business days for processing.

Driver Name (First) _____ (MI) _____ (Last) _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

PUID #: _____ Email Address: _____

Driver's License #: _____ State/Province Issued by: _____

Expiration Date (mm/dd/yyyy): _____ DOB (mm/dd/yyyy): _____

Status (check one): Grad _____ Undergrad _____ Volunteer _____

Department/Student Organization Name: _____

Acknowledgement of Driver Responsibilities

I acknowledge 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 contained therein. I understand that failure to comply with these requirements, and/or failure to maintain an acceptable driving record (as outlined in the chart below), will result in revocation of University driving privileges.

If approved, I hereby grant permission to Purdue University to include my name, the last four digits of my Driver's License Number, and my department/student organization affiliation in the University's Approved Driver Database accessible on the Risk Management website. I understand that granting this permission does not constitute a release of my education record by Purdue University.

Driver Signature: _____ Date: _____

Note: Motor Vehicle Record (MVR) check costs for students and volunteers are recharged to the department or student organization requesting approval. For departmental requests, Dept Head/Bus Ofc signature, Fund, and Cost Center are required. For student organization requests, Advisor signature, BOSO approval, and Business Partner number are required.

FOR DEPARTMENTAL REQUESTS:

FOR STUDENT ORGANIZATION REQUESTS:

Fund #: _____

Business Partner #: _____

Cost Center #: _____

Signature-Student Org Advisor _____ date _____

RIO/SIO #: _____

Printed Name-Student Org Advisor _____

Signature-Department Head/Business Office _____ date _____

Student Org Advisor's e-mail address _____

Printed Name-Department Head/Business Office _____

Dept Head/Bus Ofc Approver's e-mail address _____

BOSO Approval (for Student Orgs) _____ date _____

	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 -reckless driving -leaving the scene of an accident -any felony crime committed with a vehicle

Risk Management Use Only

Approved

Denied

Date _____

RM Approval Signature _____

Valid Through Date _____

Fax Completed form to Risk Management, 765-496-1338

USA General Release and Applicant Information Form

Purdue University
401 South Grant Street
West Lafayette, IN, 47907
Phone: (765) 494-1690

Requestor Information:

Company Name: Purdue University

Contact Person: Lisa Fortner

Contact Phone: 765-494-8104

Contact Fax: 765-496-1338

Applicant/Subject Information: *Please Type or Clearly Print All Requested Information*

Name: (First) _____ (MI) _____ (Last) _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Email Address: _____

PUID: _____ Student Org Name: _____

Drivers License Number: _____ State: _____

Date of Birth: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to Purdue University obtaining such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Applicant's Signature: X _____ Date: _____

Please fax completed form to Purdue University Risk Management @ 765-496-1338