



**Vehicle Use Agreement and Consent to Obtain Driving Record(s)  
Southwest Minnesota State University Vehicle Use Form**

The information you are being asked to provide on this page will be used by Minnesota State Colleges and Universities to determine your eligibility to drive state owned or leased vehicles for system activities. This information will be submitted to the state Department of Motor Vehicles for each state where you have held a driver’s license in the past five years. The driving record(s) obtained will be reviewed by the state Risk Management Division of the Department of Administration, which will rate the acceptability of your driving record. This rating will be maintained by the applicable system Human Resources Office and available to other system personnel including, but not limited to, your supervisor, who have a need to verify your eligibility to drive a state owned or leased vehicle. This consent form will be used to annually verify your driving eligibility unless you rescind your consent in accordance with the applicable campus or office procedure. You are not required by law to provide this information, but if you do not do so you will not be eligible to drive a state owned or leased vehicle. If your job responsibilities require that you drive a state owned or leased vehicle and you do not wish to complete this form, please discuss with your supervisor. Your ability to drive a personal vehicle for system activities is not affected by your completion of this page. If you have any questions about this form or policy, please discuss them with your supervisor.

**The submission and review process may take 7 to 10 working days. Vehicles may not be driven until you are notified of approval.** Please return this form to Holly Lichtsinn in Business Services.

Complete the Following Only If You Authorize Minnesota State Colleges and Universities to Obtain Your Driver’s License Records to be Eligible to Drive a State Owned or Leased Vehicle.

College/University: Southwest Minnesota State University

Department: \_\_\_\_\_ Dept Contact: \_\_\_\_\_

Drivers Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Driver’s Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Driver’s Phone #: \_\_\_\_\_ (Circle: home / work / mobile)

Driver’s E-mail: \_\_\_\_\_ (Circle: home or work)

Driver’s License Number: \_\_\_\_\_ Issued by the State of: \_\_\_\_\_

Driver’s License Expiration Date: \_\_\_\_\_ Driver’s License Class: \_\_\_\_\_

Years of US or Canada Driving Experience: \_\_\_\_\_ Less than 2yrs \_\_\_\_\_ 2 to 5yrs \_\_\_\_\_ More than 5yr

Department: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Minnesota State is an affirmative action, equal opportunity employer and educator.*

Driver's Responsibilities & Driver agrees to:

1. Maintain an active, appropriate driver's license;
2. Comply with Minnesota State Colleges and Universities' Drivers' License and Record Check Guideline 5.19.3.1 And other system policies and procedures applicable to travel;
3. Notify his/her supervisor immediately if driver's license is suspended, revoked, cancelled, restricted or expired if driver intends to use state owned or leased vehicle;
4. Observe all posted speed limits and operate system vehicle in accordance with applicable laws and state regulations. The Department of Administration monitors all vehicles electronically.

### **Vehicle Use Agreement**

My signature below signifies that I have read and understand the Driver's Responsibilities noted above, and agree to abide by them.

I AUTHORIZE MINNESOTA STATE COLLEGES AND UNIVERSITIES TO OBTAIN MY MOTOR VEHICLE RECORD (MVR) FROM ANY STATE WHERE I HAVE HELD A DRIVER'S LICENSE IN THE LAST FIVE YEARS BASED ON THE INFORMATION I HAVE PROVIDED ON THIS FORM FOR THIS PURPOSE. I ALSO UNDERSTAND THAT MY MOTOR VEHICLE RECORD MAY BE OBTAINED AND REVIEWED ANNUALLY IN CONJUNCTION WITH THIS AUTHORIZATION.

I AGREE THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE.

If I intend to drive a state owned or leased vehicle, I agree to notify my supervisor immediately if the status of my driver's license changes, as described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dept. Supervisor Signature  
(For Student Drivers, Dept Supr. Signature Mandatory)

\_\_\_\_\_  
Date