EMPLOYEE MOTOR VEHICLE OPERATOR LICENSE VALIDATIONS

Return to: Records
Police Services
Stockdale Building
Kent Campus

IMPORTANT: Please print legibly

I hereby authorize the following employees within the Department of _____ to operate motor vehicles owned or leased by Kent State University and submit their names for license checks in accordance with University Administrative Policy #3342-5-12.5:

FACULTY/STAFF/STUDENT EMPLOYEE NAME (First, M.I., Last)	DRIVER'S LICENSE INFO		OFFICE USE ONLY	
	NUMBER	STATE		

Approved:_____ _____
Department Head, Director or Dean Title

Date: _____

Charge Department:_____ Index Number: _____

Contact Person: _____ Telephone Number:_____

PLEASE COMPLETE BOTTOM PORTION ENTIRELY. THANK YOU.