



DRIVER AUTHORIZATION

Please provide your information on the form, your request for a Driver Authorization Application.

Full Name: (exactly as it appears on driver's license)	<i>First</i>	<i>Middle Initial (Optional)</i>	<i>Last</i>
Status:	Student <input type="checkbox"/>	Staff <input type="checkbox"/>	Other <input type="checkbox"/> Describe:
License State:		License Number:	Last 4 digits SSN:
Date of Birth:		Students Only – Reason for Driving:	
Email Address:			
Telephone Number:		Students Only - Recommended by:	
<p>Please explain the purpose of your request to operate a University vehicle.</p>			

Upon completion of all sections noted above, please select submit below or save the completed document and email your request to: vreeves@lincoln.edu. Thank you.