



# DRIVER RECORD CHECK REQUEST FORM

This form must be submitted to the Sport Clubs Office **at least TWO weeks** prior to your club's departure and serves as a request for permission to become an approved driver. Upon completion, your club Travel Coordinator or club contact will receive a message either granting or denying this request. Sport Clubs Program Staff have final discretion on all approvals or denials.

Driving any University or outside rental vehicles is a privilege. If you have any questions or concerns, please email us at sportclb@umn.edu or call 612-625-6017.

**Driver Information (Enter the following information as it appears on your driver's license)**

**ILLEGIBLE FORMS WILL BE RETURNED – PLEASE WRITE CLEARLY!**

|                                       |  |  |  |
|---------------------------------------|--|--|--|
| CLUB NAME                             | *Please note, this service will be charged to your club's EFS account. |  |  |
| FIRST NAME (As it appears on license) | LAST NAME (As it appears on license)                                   |  |  |
| DATE OF BIRTH (MM/DD/YY)              | STATE LICENSE WAS ISSUED (i.e. MN, WI)                                 |  |  |
| LICENSE NUMBER                        | EMAIL ADDRESS  |  |  |

*I give permission to the University of Minnesota Department of Parking and Transportation Fleet Services Division to confirm validity of my driver's license.*

|  |              |
|--|--------------|
| SIGNATURE (no electronic signatures can be accepted) | TODAY'S DATE |
|--|--------------|

**CIRCLE ONE**

|                            |   |
|----------------------------|---|
| I am a student participant | I am a coach, instructor, or affiliate member |
|----------------------------|---|

**The Sport Clubs Program requires that all drivers of University vehicles meet the following criteria. Please initial each statement below that is true for you:**

|  |  |
|--|--|
| I have not received more than one speeding ticket on my driving record.  |  |
| I do not have ANY alcohol or drug related offenses on my driving record. |  |
| I have maintained a clean driving record over the past 12 months.        |  |
| I am at least 19 years of age.   |  |

**Office Use Only**

|  |   |
|--|---|
| To: Fleet Services<br>Fax: 4.5587<br>Phone: 5.3033 | Fr: Sport Clubs Program- sportclb@umn.edu<br>Fax: 5.7971<br>Phone: 5.6017 |
| Approved   | Not Approved  |
| Date Faxed to Fleet                                | Date Returned from Fleet  |

Entered: \_\_\_\_\_ Notified: \_\_\_\_\_