

# DRIVER PERMIT APPLICATION



**CABRINI**  
UNIVERSITY

Cabrini students, faculty, and staff may request permission to drive University vehicles. Save this form, complete it, and submit it to the Public Safety Department.

*Please use your name as it appears on your Driver's License.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Cabrini Email Address \_\_\_\_\_

Campus Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Cabrini ID # \_\_\_\_\_

Sponsoring Department \_\_\_\_\_

Sponsoring Department Head Name \_\_\_\_\_

*The sponsoring department understands that there will be a charge of approximately \$15 for the motor vehicle record check each year.*

## Valid U.S. Driver's License:

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_ Years Driving \_\_\_\_\_

Moving Violations or Accidents (last three years):

*The undersigned affirms that all information provided is true and correct; agrees to obey all posted campus and highway speed limits and to wear seat belts at all times; and authorizes Cabrini University to verify their driving record through appropriate means on an annual basis.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cabrini University reserves the right to withdraw driving privileges of Cabrini vehicles from any person for supplying incorrect information, for improper use of University vehicles, or if their driver record is unacceptable.

### For Office Use Only:

Van Instruction Video Completed Yes  No  Date Instruction Video Completed \_\_\_\_\_

Public Safety Approval:

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_