

## **AUTHORIZED DRIVERS FORM**

The University Insurance Office coordinates the auto liability coverage for all University vehicles. All personnel, faculty, and students who are authorized to drive a University vehicle must register to be covered under University insurance. Additionally, these individuals must complete the defensive driving training with Loyola Department of Transportation prior to checking out the vehicle.

Please circle one:	Faculty	Staff	Student		
Please print/type and sign:					
Driver's Name:					
Last		First	Middle		
Campus Tel No.:	Alt Tel/Pager No.:		E-mail:		
Driver's License No.:			Exp Date:		
State Issued:		Date of Birth:			
Signature:			Date:		
If Student, request/authoriza	tion from staff is	required:			
Signature:			Date:		
Staff Name:			Ext.:		
Effective Dates:	to				