



CAMPUS ENVIRONMENT AND OPERATIONS

EMPLOYEE MOTOR VEHICLE OPERATOR LICENSE VALIDATIONS

Important: Please print legibly

Return to: Darwin Friend, Interim Fleet Services Superintendent
Campus Environment and Operations Fleet Services
Fax: (330) 672-9718
Phone: (330) 672-0818

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 #3342-5-28:

FACULTY / STAFF / STUDENT EMPLOYEE NAME (First, M.I., Last)	PHONE NUMBER	DATE OF BIRTH	DRIVER'S LICENSE	
			NUMBER	STATE

Approved: _____
Department Head, Director, or Dean Title

Date: _____

Charge Account Name: _____ Account Number: _____