

Attach a copy of your valid Driver's License here

**UNC PEMBROKE
VEHICLE DRIVER AUTHORIZATION FORM**

NAME: _____
Last First Middle

ADDRESS: _____

DEPARTMENT: _____

TELEPHONE: _____ EMAIL: _____

PLEASE CHECK: UNCP Employee UNCP Student Employee UNCP Graduate Assistant

EMPLOYEE OR STUDENT BANNER ID: _____

DRIVING RECORD: Number of points on license _____

List each reason for points: _____

List motor vehicle accidents that you have been involved in and explain: _____

It is the personal responsibility of all drivers to report all convictions for moving traffic violations in writing within 48 hours to the UNCP Facilities Operations Director. It is expected that all drivers and passengers obey all applicable motor vehicle and other state laws. I authorize UNCP to conduct a check of my driving history.

DRIVER'S SIGNATURE: _____ Date: _____

SUPERVISOR'S SIGNATURE: _____ Date: _____

FOR STUDENT EMPLOYEE ONLY:	
_____	_____
Authorizing Vice Chancellor, Dean, Department Chair, Director or Designee	Date

NOTE: FILE ONE COPY WITH YOUR DEPARTMENT AND ONE COPY WITH FACILITIES OPERATIONS.