

# STUDENT DRIVER AUTHORIZATION FOR DMACC VEHICLE

Once approved by Physical Plant, the following student is hereby authorized to operate a  
DMACC vehicle with or without staff supervision.

Instructor Name:

E-Mail:

Class:

Destination/Purpose:

Date(s) to be used: \_\_\_\_\_ thru \_\_\_\_\_ .

Student Name:

DMACC ID#:

E-Mail:

Driver's License Number:

Expiration Date:

Provost Approval:

Signed:

Date:

Physical Plant Approval:

Signed:

Date: