

## RM01 Approval Process - University Departments

**NOTE: Please plan ahead! You need to allow at least 5-7 business days for processing of Driver Authorization Requests.**

- Department determines it needs a student/volunteer/temp. employee to operate a vehicle on University Business or for any other University purpose.
- Department provides Form RM01 and USA General Release Form to student/volunteer/temp. employee to complete. Student/Volunteer/Temp. Employee may also access Form RM01 on the Risk Management website, complete the forms on-line, then print and sign.
- Student/Volunteer/Temp. Employee completes both the Form RM01 and the USA General Release Form (included with Form RM01)
- **NOTE: If a driver is licensed in the state of New Hampshire, Puerto Rico, or Washington, there is additional forms needed. This also applies to Canada. Those drivers should locate and complete the State-specific release form on the Risk Management website.**
- Department fills in the appropriate account number, and gets the authorization signature (Department Head or Business Office).
- Department sends completed RM01 and release forms to Risk Management. Forms may be submitted via campus mail or file-locker.  
<https://www.purdue.edu/apps/account/cas/login?service=https%3A%2F%2Ffilelocker.purdue.edu>
- Risk Management inputs driver information into on-line driver database (Alert Driving) and requests MVR.
- Risk Management receives notification of completed MVR from HireRight or IN.Gov and reviews.
- Risk Management notifies both the driver and the departmental approver via email of approval or denial of Request for Driver Authorization.
- If approved Risk Management enters driver's info in the approved driver database, which is accessible from the Risk Management website.  
[http://www.purdue.edu/business/risk\\_mgmt/Vehicle\\_Use\\_Info/index.html](http://www.purdue.edu/business/risk_mgmt/Vehicle_Use_Info/index.html)

**Note 1:** Examples of Moving Violations include but are not limited to the following: speeding violations, aggressive driving violations, right-of-way violations, seat belt and other equipment violations, and certain administrative violations.

# Purdue University

## Request for Driver Authorization – Student/Volunteer/Temp Employee

Please **TYPE** or **CLEARLY PRINT** all information exactly as it appears on your Driver's License.  
 Submit form to Purdue Risk Management. **Allow at least 5-7 business days for processing.**

Driver Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

PUID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State/Province Issued by: \_\_\_\_\_

Expiration. Date (mm/dd/yyyy): \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Status (check one):    \_\_\_ Student Employee    \_\_\_ Student    \_\_\_ Grad Student    \_\_\_ Volunteer    \_\_\_ Temp. Employee

Department Name: \_\_\_\_\_

### Acknowledgement of Driver Responsibilities

I acknowledge that I have read and understand the information in the University policy "Use of Vehicles for University Business" and agree to abide by all the obligations and requirements contained therein. I understand that failure to comply with these requirements, and/or failure to maintain an acceptable driving record (as outlined in the chart below), will result in revocation of University driving privileges.

If approved, I hereby grant permission to Purdue University to include my name, the last four digits of my Driver's License Number, and my department/student organization affiliation in the University's Approved Driver Database accessible on the Risk Management website. I understand that granting this permission does not constitute a release of my education record by Purdue University.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Motor Vehicle Record (MVR) check costs for students and volunteers are re-charged to the department requesting approval. For departmental requests, Dept. Head/Bus Ofc. signature, & account number are required. **FOR DEPARTMENTAL REQUESTS:**

WBSE #: \_\_\_\_\_

Internal Order #: \_\_\_\_\_

\_\_\_\_\_  
 Signature-Department Head/Business Office                      date

\_\_\_\_\_  
 Printed Name-Department Head/Business Office

\_\_\_\_\_  
 Dept Head/Bus Ofc Approver's e-mail address

	ACCEPTABLE	UNACCEPTABLE
<b>Moving Violations</b>	2 or fewer violations in the past 3 years.	3 or more violations in the past 3 years
<b>At-Fault Crashes</b>	1 or fewer crashes in the past 3 years	2 or more crashes in the past 3 years
<b>Major Offenses</b>		A single citation in the past 3 years for any of the following offenses:  -any alcohol or drug-related driving offenses  -refusal to submit to a blood alcohol test  -reckless driving  -leaving the scene of an accident  -any felony crime committed with a vehicle

*Risk Management  
Use Only*

Approved

Denied

\_\_\_\_\_  
Date

**Please send completed form to Purdue Risk Management/Lisa Fortner via Filelocker or by campus mail (2550 Northwestern Ave., Suite 1100, West Lafayette, IN 47906)**

# USA General Disclosure and Consent Form for Motor Vehicle Reports

Office of Risk Management, Purdue University  
2550 Northwestern Ave., Suite 1100  
West Lafayette, IN, 47906  
Phone: (765) 494-8104

## Requestor Information:

Company Name: Purdue University

Contact Person: Lisa Fortner

Contact Phone: 765-494-8104

## Applicant/Subject Information: *Please Type or Clearly Print All Requested Information*

Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

PUID: \_\_\_\_\_ Department Name: \_\_\_\_\_

Organization Number: \_\_\_\_\_ Dept Contact: \_\_\_\_\_

In connection with your request to operate a vehicle on Purdue University business, a consumer report, as defined by the Fair Credit Reporting Act ("FCRA"), may be obtained by Purdue University from an external Consumer Reporting Agency. Purdue University may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to your driving records.

I hereby authorize Purdue University to obtain consumer reports related to my driving records at any time after receipt of this authorization, to the extent allowed by law, so long as I continue to operate a vehicle on behalf of Purdue University. I agree that this Authorization will be valid, now or in the future, in original, facsimile, copied, or electronic form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

I hereby consent to Purdue University obtaining such information from Hireright and/or any of their agents.

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: X \_\_\_\_\_

Please send completed forms to Purdue Risk Management/Lisa Fortner via Filelocker or by campus mail (2550 Northwestern Ave., Suite 1100, West Lafayette, IN 47906)