



## Approved Driver Form

\*\*For insurance and safety reasons, we need to collect the following information so you can drive a Waldorf University vehicle.

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

Address: \_\_\_\_\_

Street

City, State & Zip

Drivers License #: \_\_\_\_\_

State of issue: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature

Date

\*\*By signing I acknowledge and understand that Waldorf University may conduct periodic DMV

### For Office Use Only

DMV Check completed

\_\_\_\_\_ Date

Approved for general vehicle use

Approved to drive passenger vans

Approved to drive the bus

Has completed defensive driver workshop (optional)