ALABAMA STATE UNIVERSITY (ASU) MOTOR VEHICLE REPORT INFORMATION FORM

To obtain approval to drive an ASU vehicle, please complete this form in its entirety. All authorized drivers must have a valid driver's license and an insurable driving record. Upon completion, please forward to The Office of Human Resources.

<u>Par</u>	<u>t I.</u>					
1.	First Name: Middle Name or Initi					
2.	Marital Status:					
3.	Street Address:			Apt/Unit/Lot:		
	City:	State:		ZIP Code:		
4.	Date of Birth: Month	Date	Year			
5.	Place of Birth: City		State		_	
6.	Driver License #:	State Issued:	Expir	ration Date:		
	REQUIRED – PLEASE	PROVIDE A COPY OF YOUR DRIV	'ER'S LICENSI	E (FRONT AND E	BACK).	
8.	CWID: Posit	ion:		Email:	@alasu.edu	
9.	Supervisor:	Position:		Email:	@alasu.edu	
Par	rt. II					
I,		, give my authoriz	ation to Alal	bama State Uni	iversity and AAA	
	•	C. to verify all of the above infor			O	
	ort that may contain credit ormation on myself for emplo	t report, criminal history rep syment purposes.	ort, DMV,	employment, a	and/or education	
Employee Signature: Date:						
Imr	nediate Supervisor Signature	2:	Date:			
		Office of Human Resources	Use Only:			
Aco	ceptable: Date:					
Воз	derline: Date:	Comments:				
Un	acceptable: Date:	Comments:				