

**To obtain authorization to drive a University owned or rented vehicle, you must complete the following steps:**

1. Submit a completed Authorized Driver application to Cathy Sanderson (University Police) with a copy of your driver's license.
2. Once the application and license have been received, you will be registered for online driver training and will receive an email from The Health & Safety Institute with your log in and password information.
3. Complete the below required trainings:
  - 1) Distracted Driving: Dangers of Technology**
  - 2) Decision Driving**
  - 3) Driver Awareness 12-15 Passenger Van Safety**
4. After confirmation is received that all three courses (including the quizzes) have been completed and passed, a Motor Vehicle Record check is done on your license.
5. Once the results of the MVR check have come back positively, you will be notified via email that you are authorized to drive.

If you have any further questions, please contact the temporary Authorized Driving Coordinator:

**Cathy Sanderson**

Parking Coordinator for University Police

Phone: 570-941-7879

Fax: 570-941-6374

Email: [catherine.sanderson@scranton.edu](mailto:catherine.sanderson@scranton.edu)

**THE UNIVERSITY OF SCRANTON  
AUTHORIZED DRIVER APPLICATION FORM AND AGREEMENT**

**THIS FORM AND AGREEMENT MUST BE COMPLETED AND SUBMITTED TO UNIVERSITY POLICE  
AT LEAST 10 BUSINESS DAYS PRIOR TO ANY PROPOSED USE OF A UNIVERSITY VEHICLE**

The following information will be used by the University's insurance carrier to obtain and review your driving records.  
Individuals with unacceptable driving records will not be authorized to operate University vehicles.

**APPLICATION FORM**

<b>Department:</b> _____ <b>Date:</b> _____			
<b>Driver Name (as appears on state issued operator's license):</b> _____			
<b>Address (as appears on state issued operator's license):</b>			
<b>Street:</b> _____			
_____			
<b>City:</b> _____		<b>State:</b> _____	<b>Zip:</b> _____
<b>Date of Birth:</b> _____		<b>Age:</b> _____	
<b>Operator License #:</b> _____		<b>Issue State:</b> _____	<b>Expiration Date:</b> _____
<b>Contact Information</b>			
<b>Email Address:</b> _____		<b>Faculty</b> _____	<b>Staff</b> _____
<b>Phone:</b> _____		<b>Student</b> _____	
<b>AGREEMENT</b>			
My signature below indicates I have read and understand the University's Vehicle Operator Policy and agree to comply with the requirements contained therein. I understand my driving privileges may be revoked at any time and for any reason, consistent with applicable law. I will be personally liable for any damage or injuries caused as a result of any unauthorized use of a University vehicle and for damage due to misconduct of passengers. I understand that I must notify the University Police Department and my Department Head or Sponsor immediately if my operator's license is suspended, revoked or has any limitations or restrictions. I understand that violations of this agreement may be grounds for discipline up to and including termination of an employment, or expulsion if a student.			
<b>Driver Signature:</b> _____		<b>Date:</b> _____	
<b>Authorized Driving Coordinator:</b> _____		<b>Date:</b> _____	
<b>FM REVIEW</b>	<b>MVR CHECK</b>	<b>DD/VD TRAINING</b>	<b>COPY OF DL</b>
<b>DATE</b>			
<b>Approved/Denied by:</b> _____		<b>Date:</b> _____	

**THIS SECTION IS TO BE COMPLETED BY DRIVER**