

PERMIT TO USE A RENTAL VEHICLE FOR CONCORDIA UNIVERSITY BUSINESS

The information you are providing is required by the University's (Lutheran Church Missouri Synod's) insurance carrier and is considered private and confidential information.

(Please Print)

Permission is hereby granted to: _____

Description of University
business: _____

Department, Campus
Organization: _____

Drivers license number and State _____

This permit in no way commits Concordia University Irvine to liability or payment unless previously approved by the Budget Control Officer.

My signature certifies the following:

1. The vehicle is owned by the University or leased/rented by Concordia University Irvine and I have completed the necessary training through AlertDriving.
2. If I should have an accident while operating the vehicle under the PERMIT, I agree to notify the Director of Campus Safety and Security as soon as practicable.
3. **I am required to grant permission to Concordia University Irvine to secure a Motor Vehicle Report to be kept on file for a minimum of one (1) year.**
4. A copy of my driver's license is provided with this form.

Driver Printed Name

Driver Signature

Date

Authorizing Fac/Staff Printed Name

Authorizing Fac/Staff Signature

Date

Campus Safety Printed Name

Campus Safety Signature

Date