STUDENT DRIVER FORM

(FOR TRAVELERS DRIVING PRIVATE CARS ON TEXAS CHRISTIAN UNIVERSITY BUSINESS OR FIELD TRIPS.)

NO PERSON MAY DRIVE FOR A TEXAS CHRISTIAN UNIVERSITY EVENT OR FIELD TRIP IN HIS/HER PERSONAL VEHICLE IF HIS/HER DRIVING RECORD REFLECTS ANY OF THE FOLLOWING HISTORIES:

1. Driving while intoxicated.
2. More than three moving violations in the last three years.
3. Two accidents with tickets in those accidents in the last three years.
4. Any combination of moving violations or accidents with tickets totaling more than three in the last three years.

Please *read carefully* before completing the information below

Each student filling out information about his/her driving record is responsible and liable for the information given in this statement. Anyone failing to answer all questions or leaving any questions blank will not be allowed to drive. (On item 2, please put your driver's license number and state, *not* the license plate number. On items 4-6 please fill in a number. We cannot assume you mean 0 if crossed through or left blank.)

Exceptions must be reviewed by Texas Christian University's insurance carrier. Each person's record is subject to review at any time by Texas Christian University's insurance carrier.

The following is correct information concerning my driving record.

1. My name is _____.
   (Please print name as it appears on drivers license)

2. Driver's license number and state _____.

3. My birth date is _____.

4. I have had (#) _____ driving violations in last three years.

5. I have had (#) _____ traffic accidents in last three years.

6. I have had (#) _____ driving while intoxicated tickets or arrests.

By signing below, I hereby affirm that I have automobile liability insurance which provides at a minimum that amount of coverage required under Texas law. I hereby affirm that while driving Texas Christian University vehicles or driving my personal vehicle to a Texas Christian University event or field trip, I will comply with all Texas motor vehicle laws, and that I will require that all passengers in the vehicle wear seat belts at all times the vehicle in is motion. Further, I hereby affirm that I will not consume *any* alcoholic beverages or medication that may lead to impairment within eight (8) hours prior to driving my personal vehicle to a Texas Christian University event or field trip.

If my automobile liability coverage is provided by my parent's policy, I have their permission to utilize my vehicle for this activity.

_____ _____

Signature of driver Date

_____

Department/Organization for which you are driving

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