

## **DRIVING RECORD AFFIDAVIT**

(For Recurring Authorized Drivers)

| Driver's Name (as it appears on Driver's License)   | Driver's Supervisor   |
|---|---|
| Oakland University Requesting Department  | Faculty/Staff/Student □ Volunteer □   |
| Date of Birth   | E-Mail Address  |
| Driver's License Number   | State of Issue  |
| I hereby swear that:  |   |
| I am not currently prevented from driving to, restriction, or revocation by the State/Country               | from or in the course of employment due to a suspension, ry that has issued the license or permit.  |
|   | n prevented from driving to, from or in the course of n, or revocation for any reason by the State/Country that has   |
| may, at its sole discretion suspend my University   | ment may conduct a periodic review of my driving record and ersity driving privileges if they discover repeated or excessive other relevant information, where revocation, suspension or                                      |
| identifies the need to drive on a recurring basis as a co   | rsity Vehicle as part of his/her job, or whose job description specifically ore component of his/her position, such as an athletic coach or admissions ss on average more than once per week. Any employee receiving a g UAD. |
| <b>Non Recurring UAD:</b> Any individual not meeting the Recurring UAD when driving on University Business. | requirements of a Recurring UAD as defined above is considered a Non  |
| Applicant / Employee Signature Date   | te Date Driver Training Completed (Where Applicable) (Risk Management use only)   |