Hofstra University
Field Trip Approval Certification Form

Please print or type

First Name: _____ Middle Initial _____ Last Name _____
Date of Birth _____ Work Extension _____
Email Address _____ Cell Number _____
Driver's License Number: _____ State License Issued _____
Department _____ Faculty/Admin _____ Student _____Volunteer_____

Vehicle Accident History for the past 5 years

Date	Description

Moving Violation Citations for the past 5 years

Date	Description

Field Trip Proposal (please include map route)
Primary Driver_____ Destination_____
Secondary Driver _____ (Please complete individual form for 2nd driver)
Pick Up Location _____ Dates/Times _____
Drop Off Location _____ Dates/Times _____
Agenda _____ (Attach date, time, and contact info for all trip visits)
Hotel Contact Information _____
Dates of Hotel Stay _____
Trip Description/Purpose

I certify that I have a valid driver's license with no limitations or restrictions which would affect my ability to safely operate a University sponsored vehicle. My signature below confirms that I have read Hofstra University's Field Trip Operational Policy. I understand it is my responsibility to thoroughly familiarize myself with these policies to ensure my compliance with same. Failure to do may result in revocation of my Hofstra sponsored vehicle driving privileges.

Signature of Driver _____ Date _____
Departmental Approval _____ Date_____
Dean Approval _____ Date_____
Provost Office Approval _____ Date_ _____

I hereby grant Hofstra University permission to request details of my driving history from any source that Hofstra University deems necessary.

Signature of Driver _____ Date _____