

University of Minnesota – Sponsored Driver Permission Form

Email this form to fleet@umn.edu or fax to (612) 624-5587. Fleet and Transit Services will keep this document on file for the duration of the driver's sponsorship. **Fields marked with an asterisk (*) require a complete response.**

*Department or business unit requesting the Sponsored Driver(s): _____

*Driver's Full Name: _____

*Driver's Date of Birth: _____

*Driver's License State of Issue: _____

*Driver's License Expiration: _____

*Driver's Full Name: _____

*Driver's Date of Birth: _____

*Driver's License State of Issue: _____

*Driver's License Expiration: _____

*Driver's Full Name: _____

*Driver's Date of Birth: _____

*Driver's License State of Issue: _____

*Driver's License Expiration: _____

*Start date: _____

*End date: _____

*Dept. Head Name: _____

*Dept. Head Email: _____ *Dept. Head Phone: _____

*Dept. Head Authorized Signature: _____ *Date: _____

If you need to add additional drivers, attach a second sheet to this form.