

The College of New Jersey Additional Driver Information

Employee to complete prior to submission of reservation request:

Driver Information		
Driver's Name:		
Driver's Signature:		
Driver's License #:		
Department/Organization:		
Campus Extension:		
Campus Address:		
Email Address: (must be provided in order to confirm reservation)		
Advisor's/Supervisor's/Department Head's Name*:		
Advisor's/Supervisor's/Department Head's Signature*:		
Date Out:		
Time Out:		
Destination (City, State, Country):		
Purpose of Trip:		
Additional Drivers:	Yes**	No
Number of Additional Drivers:		

*vehicle will not be released unless both advisor's/supervisor's/department head's name and signature appear on form.

I, _____, hereby certify that I am currently employed by

(Print Name)

The College Of New Jersey in the Office/Department of _____, and that I am using this vehicle for College business within the scope of my assigned duties.

(Signature)
(Date)

Please forward completed form, via campus mail (ASB 202) or submit in person, to the Office of Vice President for Facilities Management, Construction, and Campus Safety. You will receive confirmation/denial of your reservation via email. This form will remain on file in the Office of Vice President for Facilities Management, Construction, and Campus Safety. If you would like a copy, please make one before you submit the form. Any request that is not original or not completed in full will not be honored. All forms must be received at least one week prior to the requested reservation date.