

**THE COLLEGE OF NEW JERSEY
ADDITIONAL DRIVER INFORMATION FORM**

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:	
E-mail Address: <small>(must be provided in order to confirm reservation)</small>	
Advisor/Supervisor Dept Head*:	
Advisor/Supervisor Dept Head Signature*:	
Date Out-Date In:	
Time Out-Time In:	
Destination (City, State):	
Purpose of Trip:	
Additional Drivers (How many?):	Yes** No

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

<p>I, _____, hereby certify that I am currently employed <small>(Print Name)</small></p> <p>by The College of New Jersey in the Office/Department of _____, <small>(Print Office/Dept)</small></p> <p>and that I am using this vehicle for College business within the scope of my assigned duties.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"><small>(Signature)</small> <small>(Date)</small></p>	
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Please forward completed form to the Department of Facilities & Administrative Services (Facilities Maintenance Building). You will receive confirmation/denial of your request via email. This form will remain on file in the Department of Facilities & Administrative Services. 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.