



## Student Driver Authorization Request

Complete the following fields and attach a copy of the students'

1. Driver's license
2. HGTC Student ID.

Students are approved for the current semester only.

This is not to be used for rental vehicles.

Driver's Full Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State the purpose for the student needing to drive a college-owned vehicle:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby approve the above student to drive a college owned vehicle for the purpose stated above.

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone and Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

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Return form to: Richard Kirchmeyer at [Richard.kirchmeyer@hgtc.edu](mailto:Richard.kirchmeyer@hgtc.edu)