



EMPLOYEE MOTOR VEHICLE OPERATOR LICENSE VALIDATIONS

Return to: police_services@kent.edu via email

or via campus mail to:

Police Services - Records

Stockdale Building - Kent Campus

Important: Please print legibly

I hereby authorize the following employees within the department of
to operate motor vehicles owned or leased by Kent State University and submit their names for
license checks in accordance with University Administrative Policy #3342-5-12.5.

Faculty/Staff/Student Employee Name (First, M.I., Last)	Driver's License Info		Banner ID	Office Use
	Number	State		
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Approved by: Title: Date:
Department Head, Director, or Dean

Charge Department: Index:

Contact Person: Telephone:

PLEASE COMPLETE BOTTOM PORTION ENTIRELY. THANK YOU.