

## Driver Approval Form for Motor Vehicle Reports

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

I. \_\_\_\_\_ (Please Print),  
requested to be approved to drive for Dallas County Community College  
District. I give Dallas County Community College District authorization to  
process a Motor Vehicle Report on my driver's license.

\_\_\_\_\_  
Name as on Driver's License (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
TX Driver's License Number

\_\_\_\_\_  
**Any other Driver's License Number in the last three years and the state**

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Employee ID#

\_\_\_\_\_  
Date Van Training Completed If Taken

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Employee or Volunteer (Circle One)