



FORMS

ACKNOWLEDGMENT (JSU AUTO #1)



I, _____, hereby acknowledge that I have been provided with a copy of the JSU Motor Vehicle Procedure Guide; that I read and understood its terms and provisions; and agree to abide by each when operating a vehicle on behalf of or for the benefit of JSU. I further acknowledge and agree that failure to comply with these procedures may cause me to lose authorization to drive a JSU vehicle.

Employee Printed Name

Employee Signature

Department

Date

Department Head Printed Name

Department Head Signature

Date

CONSENT TO RELEASE OF INFORMATION (JSU Auto #2)



The Jackson State University Vehicle Policies and Procedure Manual require that information be maintained for Employees who wish to operate a University and/or Personal Vehicle on behalf of or for the benefit of the University. By signing below I consent to my license being photocopied and used for verification of my driver's license status and or obtaining record of moving violations in the past five years with the appropriate Mississippi State Agency or applicable entity and/or agency in any other state or country.

If Jackson State University or Risk Management is unable to obtain verification of my driver's license record, I agree to obtain and furnish Jackson State University with certification of my current and valid driver's license and a certified copy of my moving violations record from the applicable entity and/or agency.

First, Middle & Last Name: _____

Driver's License Number: _____

Residence Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature

Date

JACKSON STATE UNIVERSITY RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of the opportunity to participate and/or travel for _____ and to receive the benefit of services rendered by the Administrators, faculty, staff, agents, and other representatives of Jackson State University, the undersigned hereby acknowledges and agrees as follows:

I acknowledge that activities conducted in the course of the program, event, activity, or travel may entail known or unanticipated risks which could result in harm to me or third parties or damage to property.

I certify that I have no medical physical conditions which could interfere with my safety or the safety of others in connection with my participation in the activity, and I hereby assume and agree to bear the costs of all risks that may be created, directly or indirectly, by any such condition, whether or not disclosed to the University. My participation in the activity is purely voluntary.

I understand that this release is related to non-essential activity, program, or services and is a required condition to participate in the non-essential activity, program, or service. I have the option not to sign the release. However if I do not sign this release, I cannot participate in the non-essential activity, program, or service. Non-essential activities, programs, and services include those which a person has or had the option not to participate, and this specifically includes transportation provided by anyone, including myself for travel to activities or programs on behalf of Jackson State University. I agree that other options are available to me other than the option that requires this release. Potential other options include, but are not limited to, finding alternate forms of transportation, not participating in the nonessential activity, program, or services, and/or purchasing individual insurance for loss or damage to my personal property

I HEREBY VOLUNTARILY AGREE TO RELEASE, INDEMNIFY, AND FOREVER DISCHARGE JACKSON STATE UNIVERSITY, ITS EMPLOYEES, OFFICERS, AGENTS, AND ASSIGNS, AS WELL AS ALL COMMUNITY PARTNER AGENCIES, THEIR EMPLOYEES, OFFICERS, AGENTS, AND ASSIGNS, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, AND ESTATE FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION WHICH IN ANY WAY RELATE TO OR ARISE OUT OF MY PARTICIPATION IN THE PROGRAM, ACTIVITY, SERVICE, OR MY USE OF JACKSON STATE UNIVERSITY'S EQUIPMENT OR FACILITIES, INCLUDING ANY SUCH CLAIMS ALLEGING NEGLIGENT ACTS OR OMISSIONS OF JACKSON STATE UNIVERSITY, ITS EMPLOYEES, OFFICERS, AGENTS, AND ASSIGNS, AS WELL AS ALL COMMUNITY PARTNER AGENCIES, THEIR EMPLOYEES, OFFICERS, AGENTS, AND ASSIGNS. I AGREE NOT TO DEMAND OR BRING ANY LEGAL ACTION, ON BEHALF OF MYSELF OR ANY DEPENDENT, AGAINST JACKSON STATE UNIVERSITY, ITS EMPLOYEES, OFFICERS, AGENTS, AND ASSIGNS, AS WELL AS ALL COMMUNITY PARTNER AGENCIES, THEIR EMPLOYEES, OFFICERS, AGENTS, AND ASSIGNS, ARISING FROM MY PARTICIPATION IN THE EVENT, ACTIVITY, OR PROGRAM.

I am eighteen (18) years of age or older and am competent to execute this agreement. If the participant is not eighteen (18) years of age, this release must also be signed by a parent or legal guardian.

Print Name: _____ Date: _____

Signature: _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

(Only if Student is not eighteen (18) years of age)

Revised 3/18/15

VEHICLE USAGE STATEMENT FOR STUDENT TRIPS (JSU AUTO #4)



Date of Trip: From: _____ To: _____

Purpose of Trip: _____

Destination(s): _____

Vehicle Identification: Year: _____ Make: _____ Type: _____

Student Identification:

NAME

STUDENT ID NUMBER

Name of Driver

Date of Birth

Signature of Driver

Date

Signature of Administrator

Phone Number

APPROVED DRIVER'S LIST (JSU AUTO #5)



Driver's Name	Department	Driver's License Number	Date of Birth
Note: Attach copy of all driver's licenses to this form			

Signature of Administrator

Phone Number

Name of Department

Date



Mistreatment of University Vehicles

- A vehicle returned to the Motor Pool showing obvious signs of mistreatment will be repaired and the department responsible for the damage will be billed for the necessary repairs.
- A cleaning fee of \$50.00 will be charged to a department returning a vehicle that must be cleaned. Motor Coaches will be charged at a rate of \$ 100.00 or more.
- The department may use its own discretion in charging the individual directly responsible for the damage.

Agreement

I, _____, accept the responsibility that has been given me
Print name

as a University employee and agree to the provisions of the aforementioned policy.

Signature _____
Date

Billable/Non-Billable Charges

JSU Vehicles: Non-Billable	JSU Vehicle Services: Billable
Vehicle Detail	Oil Changes
Service Calls	Tires
	Body Repair/Window Damages
	Fuel
Lease Vehicle Services: Non Billable	Lease Vehicle Services: Billable
Oil Changes	Tires
	Major Vehicle Work (outside of warranty)



833 Walter Payton Drive

Phone: (601) 979- 2522

Jackson MS 39217

Fax: (601) 979-2526

GAS CARD REQUEST

We have Lost/Misplaced the gas card to vehicle # _____ .

Please provide us with a card for this vehicle.

Printed Name

Department

Requestor Signature

Date/Time

Department Head Signature

Date/Time



PIN Request for Fuel Usage

Name: _____

J#: _____

Email/Cell # _____

Department: _____

Department Head/
Chair Signature: _____

FOR USE BY TRANSPORTATION DEPARTMENT ONLY



NOTE: WE WILL FORWARD THE PIN # TO THE INDIVIDUAL REQUESTING THE FUEL

USAGE PIN ONLY.



In accordance with sections 25-1-77 through 25-1-83 of the Mississippi Code I, _____
Name

Department Social Security Number

Understand and agree that my use of a JSU Vehicle and/or PERSONAL VEHICLE on behalf of JSU for dates from July 1, 2015 to June 30, 2016 shall be exclusively for the fulfillment of State of Mississippi business. I understand and agree that I am not to use the vehicle for any other reason whatsoever (human life threatening medical emergencies excepted). I agree to operate the vehicle in safe, prudent and lawful substances, which may impair my ability to operate the vehicle in a safe manner. I understand that seatbelts will be worn by all vehicle occupants when the vehicle is in motion. I will not permit any other person to operate the vehicle while it is in my control unless such use is made part of this agreement. I hereby acknowledge that I have been provided with a copy of the policies and procedures relative to motor vehicles. I have read and understand its terms and provisions; and agree to abide by each when operating JSU Vehicles and/or a PERSONAL VEHICLE on behalf of or for the benefit of JSU. I also acknowledge that I have received and been informed of the penalty regarding the use, care, and maintenance of the vehicle assigned to me. In the event of an accident, I understand that I am to notify my department manager and the manager will contact the Transportation Manager of Facilities & Construction Management. I accept the responsibility that has been given me as an operator of a JSU VEHICLE and/or PERSONALVEHICLE and I agree to the provisions of the aforementioned policy.

One of the following must be checked:

- ☐ I do truthfully state that I have a valid driver's license. I do truthfully state that in the past five years my license has not been suspended, nor have I had an at-fault accident, nor convicted of any drug or alcohol related driving violations, nor have I been convicted of any unsafe motor vehicle operations or violations including, but not limited to, speeding, improper passing, reckless driving, running red light or stop sign, or failure to yield right of way.
- ☐ I do truthfully state I have a valid driver's license. I do truthfully stat that in the past five years my license has not been suspended and that I have not been convicted of any drug or alcohol related driving violations. I do truthfully stat that in the past five years I have been convicted of the following motor vehicle violations and/or accidents (please list):

Type of violation and/or accident _____ Date: _____ State: _____
Type of violation and/or accident _____ Date: _____ State: _____

***** IMPORTANT NOTICE TO DRIVER:** DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND THIS DOCUMENT. I UNDERSTAND THAT ANY MATERIAL FALSE STATEMENT OR USE OF THE VEHICLE NOT FOR PURPOSES PERMITTED BY THIS AGREEMENT IS DEEMED NOT WITHIN THE COURSE AND SCOPE OF MY EMPLOYMENT AND SHALL REQUIRE ME TO ASSUME THE FULL LEGAL AND FINANCIAL CONSEQUENCES OF MY ACTIONS.

_____ Signature of Driver	_____ Date
_____ Department Head	_____ Date
_____ Transportation Manager	_____ Date
_____ Director of Facilities & Construction Management	_____ Date