



**TRANSPORTATION/  
FLEET MANAGEMENT  
APPROVED DRIVER FORMS**

**FY' 20**



**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**

**\*NOTE: PLEASE ATTACH A COPY OF DRIVERS LICENSE TO THE BACK OF THIS FORM**

# 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 non-essential 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 ESTABLISH 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)

Department Head Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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\_\_\_\_\_  
Name of Driver

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

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Phone Number



***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 that has left vehicle in unsanitary conditions. Ex. Food left on vehicle, drink spills, etc.
- 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 to

**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	Tires
Service Calls	Body Repair/Window Damages
Oil Changes	Fuel



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, 2019 to June 30, 2020 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

**Jackson State University**  
**AUTHORIZATION FOR BACKGROUND REVIEW**  
**DISCLOSURE AND CONSENT FORM**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Jackson State University as well as its designated agents and representatives (the "University") to conduct a comprehensive review of my background through a consumer reporting agency. I understand the scope of the consumer report or reports may include, but is not limited to, the following areas: verification of Social Security number; sex offender registry; criminal history, including records from any criminal justice agency in any or all federal, state, or county jurisdictions; current and previous residences; employment history; education; references; credit history and reports; and motor vehicle record searches. A summary of your rights under the Fair Credit Reporting Act is provided in the attached document, or viewable at [www.ftc.gov/credit](http://www.ftc.gov/credit).

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Consent form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports prepared by a consumer reporting agency and/or the University, including its designated representatives and agents as well as insurers. I am authorizing the University, including its agents, assigns, and affiliated entities, to obtain consumer reports, and this consent shall apply at any time during my employment with the University.

I also understand that information contained in my application or otherwise disclosed by me before or during my appointment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize individuals, institutions or agencies contacted by the University or the Mississippi Board of Trustees of the State Institutions of Higher Learning and its designated agents or representatives to furnish information as stated above. I understand that information pertaining to me and obtained through background checks or consumer reports, including motor vehicle reports, may be used for hiring, employment, or underwriting purposes.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Consent form, whether in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the University.

Last Name (Printed)	First	Middle
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Social Security Number	Date of Birth	
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Present Address		
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City, State, Zip Code		
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Signature	Date	
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Email		
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Guardian Signature if individual is under 18	Date	
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Guardian Printed Name	Relationship to Minor	
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