

**TEXAS TECH UNIVERSITY SYSTEM**  
Delete Approved Driver Form

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

Department Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

	STATE	DRIVER LICENSE #	FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Authorized Signature \_\_\_\_\_

Mail or Fax to: TTUS Office of Risk Management  
MS 2003  
Fax: 806 742-3018