



**ALLEN ISD VEHICLE USE AGREEMENT**

I acknowledge that I have read the Allen ISD (AISD) Vehicle Safety and Use Program and understand the AISD specific fleet policies and procedures.

As a condition of my using an AISD vehicle, I agree to a check of my driving record. I also understand that my driving record will be checked annually.

I agree to inform my supervisor and the AISD Transportation Department whenever any negative change in the status of my driving record may occur, such as license revocation, accidents, tickets or suspension. I understand that any negative change in the status of my driving record may result in the revocation of the privilege of driving an AISD vehicle.

I further understand the following:

- Use of an AISD vehicle by me if I am under the influence of alcohol or drugs is strictly forbidden.
- Use of a mobile device while operating a vehicle is not permitted unless using a hands-free function.
- AISD vehicles are not to be used for non-AISD business.

Any such vehicle use by me will be considered a violation of AISD rules and may subject me to disciplinary action.

Name on Driver's License (print): \_\_\_\_\_

Texas Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver Email: \_\_\_\_\_ Driver Phone: \_\_\_\_\_

Campus/Dept: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Complete the form, sign, and send to the Transportation Department through school mail or e-mail to  
Melissa Jacobi at

[melissa.jacobi@allenisd.org](mailto:melissa.jacobi@allenisd.org).\*

Do not write below this line - Transportation Office use only

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Fleet Vehicle Dispatcher: \_\_\_\_\_ Date: \_\_\_\_\_