附件1：

**山西医科大学中都校区教职工车辆出入校园申请审批表**

**年 月 日**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **申请部门（院系）：** | | | | | **申请人：** | | |
| **部门（院系）盖章：** | | | | | **保卫部负责人意见：** | | |
| **所属驾驶员及车辆信息** | | | | | | | |
| **序号** | **姓名** | **身份证号（工号）** | **联系方式** | **车牌号** | | **行车证名** | **备注** |
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