## Student Authorization to Operate Privately Owned Vehicle for any University-Affiliated Program or Trip

PROGRAM/TRIP INFORMATIO	N:		
Student Name:	Stude	Student ID#:	
Course/Organization:	Progr	Program/Activity:	
Destination:			
Departure Date/Time:	Return Date/Ti	Return Date/Time:	
VEHICLE INFORMATION:			
Driver's License #:	State:	Exp. Date:	
Vehicle License #:	Make/Model:	Exp. Date:	
Name of Vehicle's Registered Ov	vner:		
Insurance Provider:	Policy Number:		
List Passengers Traveling in the	Vehicle:		
CERTIFICATION:			
I hereby certify that, whenever I cwill:	drive a privately-owned vehicle to or	from a University-affiliated event, I	
coverage of \$25,000 for a injury or death of two or a of property of others in a	will wear safety belts equired automobile liability insurance bodily injury or death of one person more persons on any one accident;	in any one accident; \$50,000 for bodil and \$20,000 for injury to or destruction	
Student Signature:		Date:	
APPROVAL:			
Proof of Insurance has been ver	ified and use of a privately-owned v	ehicle on State business is approved:	
Signature & Title:		Date:	
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(RMS 5/2020)