



AUTHORIZATION TO USE PRIVATE VEHICLE

Request Date:	Travel Date(s):	Employee Name:
Travel Destination:	Type of Travel: <input type="checkbox"/> Non-Overnight <input type="checkbox"/> Overnight	Purpose of Travel:

While using my own vehicle on school business, my auto insurance applies first. The school will not cover any loss or damage if my actions are of wrong doing or willful or deliberate neglect of duty.

It is my responsibility to carry liability, uninsured motorist, and personal injury protection insurance as required by law. It is up to me to carry physical damage coverage. This means the school will not pay the costs of any repairs to my vehicle.

If I have any questions about the correct insurance coverage for my personal vehicle while driving on school related business, I will contact my own insurance agent for advice.

If I am involved in an accident while on school business, I will promptly notify the school office.

I certify the accuracy of the information on this form. Based on the criterion, I request to use my private vehicle while traveling on school business for the dates and destination(s) indicated. I further certify that I have read, understand and will comply with the state's auto insurance requirements.

EMPLOYEE'S SIGNATURE	TITLE	DATE
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STUDENT'S SIGNATURE	TITLE	DATE
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PARENT'S SIGNATURE	TITLE	DATE
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- By checking this box and signing this form, I give my child permission to ride with the above named adult.
- By checking this box and signing this form, I give my child permission to drive themselves to/from the school event.