

ARIZONA WESTERN COLLEGE

AUTHORIZATION FOR STUDENT TO OPERATE AN AWC VEHICLE

STUDENT NAME: _____
 DATE(S) OF TRIP: _____
 PURPOSE OF TRIP: _____
 DESTINATION(S): _____
 TIME OF DEPARTURE FROM YUMA: _____
 EXPECTED TIME OF RETURN TO YUMA: _____
 PERSONS WHO WILL ACCOMPANY DRIVER: _____
 FACULTY/STAFF MEMBER
 WHO IS REQUESTING AUTHORIZATION: _____

I hereby certify that I am the holder of a valid Operator's license, a copy of which is attached, and that I will operate the vehicle in accordance with all state laws pertaining to the operation of a motor vehicle.

LICENSE NUMBER _____ LICENSE EXPIRES _____

STUDENT ID NUMBER _____ BIRTH DATE _____

I hereby certify that I have no moving violations or accidents other than those listed below (during the last three years).

<u>Violation/Accident (brief description)</u>	<u>Month/Year</u>
_____	_____
_____	_____
_____	_____

Student Signature _____ Date _____

APPROVAL

The above named student is hereby authorized to use an AWC vehicle on the date(s) and for the purpose set forth above.

 Faculty/Staff Advisor _____ Date _____

 Travel Specialist _____ Date _____