

**AUTHORIZATION AND STUDENT RELEASE
FORM FOR OPERATION OF A COLLEGE VEHICLE**

THIS FORM AND ALL ATTACHMENTS MUST BE SIGNED AND RECEIVED BY THE OFFICE OF BUSINESS AND AUXILIARY SERVICES (160 CALHOUN STREET, LIGHTSEY CENTER, RM. B24) NO LATER THAN 10 WORK DAYS PRIOR TO THE FIRST DATE REQUESTED BELOW FOR AUTHORITY TO OPERATE A COLLEGE VEHICLE.

STUDENT NAME: _____

PHONE NUMBER: _____

LOCAL ADDRESS: _____

DRIVER'S LICENSE STATE OF ISSUANCE AND NUMBER: _____

DATE OF BIRTH: _____

PERSONAL AUTO INSURANCE CARRIER (IF NONE, SO STATE): _____

IF INSURED, STATE THE POLICY NUMBER AND ATTACH A COPY OF YOUR INSURANCE CARD: _____

COLLEGE STUDENT IDENTIFICATION NUMBER: _____

DESCRIBE ACTIVITY FOR WHICH VEHICLE OPERATOR AUTHORITY IS REQUESTED ("ACTIVITY") AND DESTINATION:

DESCRIBE THE VEHICLE THAT WILL BE USED: _____

ACTIVITY DATE(S): _____

COLLEGE FACULTY ADVISER OR OTHER COLLEGE EMPLOYEE RESPONSIBLE FOR CONDUCTING THE ACTIVITY: _____ **Phone:** _____

TERMS AND CONDITIONS

1. By signing where indicated below I represent and warrant that all of the information inserted on this Form is true, accurate and complete and that I have read and understand the College of Charleston *Vehicle Use Policy* ("Policy"). I further represent and warrant that I shall abide by all of the Policy's provisions and requirements and that the definitions in that Policy are applicable to this Form.

2. Over the last 12 month period I have not received any traffic citation(s), nor have I been involved in any vehicle accident(s), as the operator of one of the involved vehicles, **except as follows: (if none, so state)**

3. I have submitted with this *Authorization and Student Release Form* a properly completed and signed "Release and Authorization" that the College will use to conduct a department of motor vehicles ("DMV") background check of my driving record. I have also received, read, and understand the

Disclosure that is attached to the “*Release and Authorization*” that explains my rights under various state and federal laws in relation to the College’s use of my DMV background check.

4. Except as stated immediately stated below in this paragraph 4, there are no physical or psychologically related circumstances, conditions, or needs that preclude or restrict my participation in the Activity, with or without a reasonable accommodation: **(if none, so state):** _____

5. If the Activity first described above involves travel as a non-employee of the College, I represent that I have submitted with this *Authorization and Student Release Form* a properly completed and signed **COLLEGE OF CHARLESTON LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT** that covers the Activity first described above.

6. By signing below I am authorizing the College to contact my insurance agent for the purpose of discussing the terms and conditions, exemptions and coverage limits of my personal automotive insurance policy. My insurance agent’s name and phone number are as follows:

7. I fully understand each term of this *Authorization and Student Release Form* and I agree to be bound thereby. I am signing this *Form* knowingly and voluntarily and without coercion or duress.

THIS IS A LEGAL AGREEMENT. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature: _____ **Date:** _____

Print Name of Student: _____

FOR OFFICIAL USE ONLY
FINAL ACTION

Insurance Plan for Activity: _____

Based on the information provided above, and all additional relevant information that may have been supplied, the request of the student for authorization to operate a College Vehicle is:

- APPROVED
- DISAPPROVED

BY: _____ **DATE:** _____

PRINTED NAME: _____ **TITLE:** _____

Copy sent to student on: _____