



# FORM C

## ADMINISTRATOR AUTHORIZATION FOR PRIVATE VEHICLE DRIVER

District Employee Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Valid Calif. Driver's License Number: \_\_\_\_\_

Current License Verified

Automobile Insurance:  Copy of Insurance Card

Current Coverage Verified

(Minimum of \$100,000/\$300,000 coverage)

### Vehicle Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Number of seats available (seatbelts for each rider) \_\_\_\_\_

Driver information has been verified as required and the driver is authorized to transport the following student/s for the following event:

Event: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Student Riders:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Date

(Revised 9/2/11)