

REQUESTS FOR:		
Fall	Spring	Summer

FOR OFFICE USE ONLY
No. _____
Date Received _____

## Rancho Santiago Community College District

# Request for use of College Vehicle(s) for Student Transportation

Upon *approval* a copy will be returned for your files. The first priority for our vehicles are programs and activities directly tied to instruction and student services. **Requests are accepted one semester in advance.** Please put a complete semester's request on one form.

PASSENGER LIMIT:
Vans - 7 plus Driver (8 max)
Vans - 11 plus Driver (12 max)

<i>No one other than currently enrolled RSCCD students or staff are allowed to be in or drive district vehicles.</i>
<b>(NO EXCEPTIONS!)</b>

Today's Date: \_\_\_\_\_

The purpose of the trip is \_\_\_\_\_

\_\_\_\_\_

Event or Sport: \_\_\_\_\_

Requested by: \_\_\_\_\_

*(Authorized District Employee)*

Driver's Name <small><i>(Must be an RSCCD approved employee driver or an approved student driver)</i></small>	Valid Calif. Operator's License No.	Exp. Date
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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      21 years old:      Yes      No

Driver's Name <small><i>(Only AUTHORIZED and APPROVED drivers are allowed to drive district vehicles)</i></small>	Valid Calif. Operator's License No.	Exp. Date
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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      21 years old:      Yes      No

*If you have additional drivers, please type the information on a separate sheet and attach to this form.*

Person responsible for trip: \_\_\_\_\_ RSCCD extension number \_\_\_\_\_

Trip approved by: \* \_\_\_\_\_ Date: \_\_\_\_\_  
*(Must be signed by your Dean, Supervisor or Director of Student Services)*

\*Vehicle Request will be returned/denied without the approved signature

**APPROVAL OF VEHICLE USE IS NOT GRANTED UNTIL**  
**COPY INDICATING APPROVAL IS RETURNED TO REQUESTOR**

\*Requestor-Please keep a copy of your submitted request.