**Personal Vehicle Information Form**

**Lawrence University**

For use when personal vehicles are used to transport students on University business

Vehicle Owner’s Name:

Vehicle Make: Model:

Year: License Plate: State:

Insurance Company:

Policy #: Expiration Date:

**Trip Information**

Trip Destination/Title:

Sponsoring Organization/Department:

Departure Date: Return Date:

Authorized Drivers:

Notes: By signing below, each drive is affirming that (s)he is an authorized driver of Lawrence University and has a minimum of $100,000 personal auto liability insurance per occurrence.

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

**Owner’s Authorization:** I hereby certify that my vehicle is safe and in good condition and that I understand the policies and procedures for use of personal vehicles for Lawrence University business. I understand that by permitting use of my vehicle for university business that my insurance coverage is primary in any situation requiring insurance coverage. I authorize those drivers noted above to operate my vehicle for the purposes outlined in the trip information provided.

Name: Signature:

Address: Date:

**Office Use Only:** Vehicle Registration Verified Registration Number

Authorized Driver registration verified Notes: