

REQUESTS FOR:
 Fall _____
 Spring _____
 Summer _____

FOR OFFICE USE ONLY
 No. _____
 Date Received _____

**Rancho Santiago Community College District
 Request for use of College Vehicle(s)**

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 – 6 plus Driver (7 max)

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

Today's Date: _____

The purpose of the trip is _____

Event or Sport: _____

Requested by: _____
(Authorized District Employee)

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

_____ <i>(Only AUTHORIZED and APPROVED drivers are allowed to drive district vehicles)</i>	_____ 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.