

STUDENT VEHICLE SAFETY PROGRAM
AUTHORIZATION TO OPERATE
UNIVERSITY/STATE VEHICLES AND PRIVATE VEHICLES
ON OFFICIAL UNIVERSITY OF ARKANSAS STUDENT TRAVEL

Name of Group Traveling: _____

Name of Sponsor/Administrator: _____ Phone # _____

Student Name: _____

Date of Birth: _____ / _____ / _____
mm dd yyyy

Drivers License Number: _____ State: _____

Initial Each of the Following:

_____ I understand that as permitted by Arkansas Code Ann. §27-50-906 the Office of Driver Services will notify the University of Arkansas each time a new violation is added to my driving record. I also understand that the University of Arkansas has access to my driving record through the SVS System, Information Network of Arkansas.

_____ I understand that because of my driving record I may not be permitted to drive on official University of Arkansas student travel.

_____ I will participate in all required Defensive Driving Classes.

_____ I will report all accidents that occur on official student travel to my sponsor/administrator 1) within 24 hours of the occurrence or by the next working day if the accident occurs in a University/state vehicle and, 2) within 7 working days if the accident occurs in a private vehicle.

_____ I have read the Driving Safety Tips provided by the University.

_____ I have read and will adhere to UA Systemwide Policies and Procedures 535.1 relating to travel of students representing the University.

_____ In addition, I have read and will adhere to the following campus policies relating to the use of University/state vehicles: [insert any specific policies].

_____ I understand that I must maintain liability coverage, as required by state law, on my personal vehicles that I drive on official University student travel.

Student Signature

_____/_____/_____
Date

Please Complete and Return with Original Signature to:
[insert department and address]