



**AUTHORIZATION FOR STUDENT USE OF UNIVERSITY VEHICLE  
UNIVERSITY OF CALIFORNIA, MERCED**

Fall Semester: \_\_\_\_\_ Spring Semester: \_\_\_\_\_ Summer Session(s): \_\_\_\_\_  
One-Time Use: \_\_\_\_\_

Department Name: \_\_\_\_\_ Requisition Date: \_\_\_\_\_

Account to be charged \_\_\_\_\_

Student Driver's Name: \_\_\_\_\_  
   First                                      Middle                                      Last

Contact: \_\_\_\_\_  
                     College Address                      Phone                      Driver's License                      Exp. Date

Purpose: \_\_\_\_\_

I have read and agree to abide by the guidelines regarding University vehicle usage as outlined in BUS-46, Use of University Vehicles <http://www.ucop.edu/ucophome/policies/bfb/bus46.html> I assume complete responsibility for use of the vehicle specifically for the purpose, destination, and date(s) indicated above. I understand that the University's Auto Insurance Program does not cover me for bodily injury in event of an accident.

**INSURANCE EXCLUSION: I understand that I may be financially responsible for vehicle charges if I engage in the following: intentional acts of misuse, racing or stunting activities.**

Signature of Student Driver \_\_\_\_\_

By signing below, the department representative approves the above-named student's use of a University vehicle. **The department agrees to assume financial responsibility for vehicle charges incurred by the student driver, including charges related to the deductible in the University's self-insurance program.**

Department approval \_\_\_\_\_



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The Student Driver must present this completed, signed form to Fleet Services at the time of vehicle pick-up.