

Additional Drivers for Student Trip

Page ___ of ___

Department _____ Number & Title of Course _____

Dates of trip: _____

Additional Drivers: This must include their signature indicating acknowledgement of the following:

I affirm that I have submitted the UA Little Rock Driver Authorization Form to the Office of Finance and Administration. I affirm that the vehicle I drive on this trip is adequately covered by comprehensive liability insurance in force at the time of the trip. (Signature for each driver is required. If more drivers are involved, attach additional sheets.)

Driver's Name (**printed**): _____ Signature: _____

Driver Authorization Form on file with VCFA

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