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

Agency Code: 135	Agency: University of Arkansas, Fayetteville
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:	
Driver Services will notify the Universal to my driving record. I also understated driving record through the SVS System of Arkansas.  I understand that because of my drived official University of Arkansas studes.  I will participate in all required Defendance.  I will report all accidents that occur of	nsive Driving Classes. 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 nin 7 working days if the accident occurs in a private
I have read the Driving Safety Tips p	provided by the University of Arkansas.
If driving a van, I have read and will Van Safety Advisory & Use of 15-Pa	adhere to the University of Arkansas, Fayetteville, assenger Vans Policy
	pility coverage, as required by state law, on my cial University of Arkansas student travel.
Student Signature	//