



Department of
Geological Sciences

PERMISSION FOR A STUDENT TO DRIVE A PERSONAL VEHICLE FOR FIELD RESEARCH

Date: _____

Name: _____ Student ID: _____

Address: _____

Telephone: _____ Email: _____

California Driver's License #: _____ Exp. Date: _____

CSUSB Defensive Driving Card #: _____ Exp. Date: _____

Make, model and year of vehicle: _____

License number of vehicle: _____ Car insurance company: _____

Course (e.g. GEOL 3990): _____ Other (e.g. GPS Project): _____

Title or description of field work: _____

I have read and understand the procedures to be following in case of an accident.

Signature – Student: _____ Date: _____

Signature – Supervisor: _____ Date: _____

Signature – Chair: _____ Date: _____