



Department of
Geological Sciences

STUDENT DRIVER PERMISSION FOR GEOLOGY VEHICLES

Name: _____ Student ID: _____

Address: _____

Telephone: _____ Email: _____

Department (if not from Geological Sciences): _____

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

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

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

Signature – Student: _____ Date: _____

Signature – Chair: _____ Date: _____

Staff use only:

Up to date volunteer form on file? _____
(ASC or Chair initial and date)

Copy of CDL and Defensive Driving Card on file? _____
(ASC or Chair initial and date)