



STUDENT TRANSPORTATION FORM

Date of Event _____ Time _____

Destination _____

Course Number _____ Section Number _____ Title _____

Instructor _____

I acknowledge that I am responsible for my personal conduct during this activity.

FSU Business Policy Letter Regarding Transportation & Travel

2) Insurance coverage for Private Automobiles

b) If an accident occurs when any Ferris State University employee or student is using their personal vehicle for University-related business or travel, the employee's or student's personal insurance will be the primary coverage utilized. University liability coverage is the secondary coverage in this case; the University does not provide comprehensive or collision damage coverage nor cover deductibles for privately owned vehicles.

I have reviewed my **auto insurance** and confirm it is valid and adequately covers passengers and myself, I elect to transport in my vehicle.

I understand that in order for me to drive my own vehicle and/or transport passengers for an off campus activity, the University must perform a background check of my driving record. I understand I will receive notification once it has been reviewed and approved.

Submit a copy of your driver's license, with this form, to the Activities & Resource Center.

Signature of Driver

Date

Print Driver Name

Must be submitted with a copy of your driver's license.