



Hudson County Community College
Office of Student Activities
Division of Student Affairs

Excursion #: _____
Office Use Only

Request for Use of Student Life Van

Date: _____

Name of Club/Organization/Department Requesting: _____

Name of person requesting: _____ Title: _____

Phone Number: _____ E-Mail: _____

Name of Event: _____

Location: _____

I will leave on (date) _____ at (time) _____.

I will return on (date) _____ at (time) _____.

I, _____, certify that my license _____ issued in _____ which expires
(Name of Driver 1) (License Number) (State of issuance)
on _____ is valid, is not under suspension, and is not revoked.
(Expiration Date)

I, _____, certify that my license _____ issued in _____ which expires
(Name of Driver 2) (License Number) (State of issuance)
on _____ is valid, is not under suspension, and is not revoked.
(Expiration Date)

*Please give a brief statement as to why you are requesting the use of the Student Life Van:

Indicate the number of passengers that will be traveling with you _____

*Please attach a list of students that will be attending trip. If names are unknown at this time please inform the Office of Student Activities at least one week prior to trip.

Account being charged: # _____
Advisor /Department Director Signature Date

Driver's Signature Date

Alternate Driver's Signature Date

Driver, Alternate Driver, and Authorizing Individual have read and agreed to abide by all terms, conditions, rules and regulations contained in the
Hudson County Community College Student Life Van Policies & Procedures, dated July 2008, and certify that all information provided on this form is accurate.

***By signing the signature portion of this document you are stating you have read the Student Life Van Use Policy and
understand that if, the Student Life Van is not refueled your department and or club/organization budget will be charged.

OFFICE OF STUDENT ACTIVITIES USE ONLY

Date Received: _____

Time Received: _____

License Verification: _____

Staff Initials: _____

() Student Life Van Scheduled

() Student Life Van NOT Available

Initial _____ Date _____