Rancho Santiago Community College District
Santiago Canyon College
REQUEST FOR USE OF DISTRICT/COLLEGE and/or RENTAL VEHICLE(S)

Please submit your completed and signed request to SCC Administrative Services office at least two (2) weeks in advance. Priority for reserving District vehicles is for programs and activities directly related to instruction, athletics and student services. **Requests are accepted for the current semester only.**

PASSENGERS: *NO ONE OTHER THAN A CURRENT ENROLLED RSCCD STUDENT OR STAFF MEMBER IS ALLOWED IN A DISTRICT OWNED OR RENTED VEHICLE.*

DRIVERS: *ONLY DRIVERS WHO ARE LISTED ON THE DISTRICT'S APPROVED DMV PULL PROGRAM ARE ALLOWED TO DRIVE A DISTRICT OWNED OR RENTED VEHICLE* (DRIVERS MUST BE OVER 21 TO DRIVE RENTAL VEHICLES). ***NO EXCEPTIONS.*** *VIOLATING DISTRICT PROCEDURES IS SUBJECT TO DISCIPLINE.*

*****PASSENGER LIMIT: 7 PLUS DRIVER (8 MAX)*****

TODAY'S DATE: _____

REQUESTED BY: _____ EXT: _____
(Authorized District Employee)

EVENT OR SPORT: _____ DEPT: _____

**DATE OF TRIP: _____
Month *Day of week* *Date*

**TIME: DEPART: _____ am/pm RETURN: _____ am/pm

**DESTINATION: _____

***** ADDITIONAL DATES, TIMES AND DESTINATIONS SHOULD BE LISTED ON AN ATTACHED "VEHICLE REQUEST FORM—PART II"***

PASSENGERS – INCLUDING DRIVER(S): _____ # VEHICLES REQUESTED: _____

DRIVER INFORMATION:

Driver's Name	Valid Calif. Operator's License No.	Exp. Date
Driver's Name	Valid Calif. Operator's License No.	Exp. Date

- ***Only RSCCD AUTHORIZED and APPROVED employees or student drivers are allowed to drive district or rental vehicles.***
- ***If you have additional drivers, please include the necessary information on a separate sheet and attach to this form.***

ADMINISTRATIVE APPROVAL: _____ DATE: _____
Dean or Administrator Signature

APPROVED COPY OF THIS FORM WILL BE SENT TO DEPARMENT ADMINISTRATOR/SUPERVISOR AND REQUESTOR ONCE REQUEST IS CONFIRMED BY SCC-ADMINISTRATIVE SERVICES OFFICE

OFFICE USE ONLY:

NUMBER VEHICLES RESERVED: DISTRICT _____ [AND/OR] RENTAL _____

RESERVATION(S) CONFIRMED BY: _____ DATE: _____

NOTIFICATION SENT TO DEPARTMENT BY: _____ DATE: _____