Albany Unified School District

DRIVER FORM AND DECLARATION

Driver's Last Name	**Driver's First Name**
Student's Last Name	**Student's First Name**

Address _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Driver's License Information:
Issued by (State): _____ **Number** _____ **Expires** _____

DMV Driving Record Report Date _____

Vehicle Information:	*Vehicle 1*	*Vehicle 2*	*Vehicle 3*
Make			
Color			
Year			
# of Seatbelts			
License Number			
Registration Expiration Date			
Insurance Carrier			
Insured Drivers			
Insurance Expiration Date			

I hereby offer to provide for the transportation of students of the Albany Unified School District. In making this offer, I understand in the event of a vehicular accident, coverage is provided by the volunteer driver's own automobile insurance. The school system does not provide insurance coverage should a vehicular accident occur while a volunteer driver is transporting students. I agree to the guidelines in the Volunteer Driver Packet. I certify that I am 21 years or older.

_____ _____

Signature **Date**