



## STUDENT GOVERNMENT ASSOCIATION VEHICLE REQUEST FORM

This Form is to be filled out only by those drivers who have submitted a STUDENT DRIVER APPLICATION FORM to the SGA Office.

**A copy of the form will be attached when approved.**

This form must be completed and submitted to SGA 10 business days (no weekends or holidays) before the date requested.

SGA ORGANIZATION EVENT: \_\_\_\_\_

DESTINATION (TOWN, AND BLDG) \_\_\_\_\_

ORGANIZATIONAL EVENT TITLE: \_\_\_\_\_

DATE & TIME VEHICLE REQUESTED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

DATE & TIME VEHICLE RETURNED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

EXECUTIVE BOARD DRIVER: \_\_\_\_\_

**I attest that I have read and fully understand the SGA Vehicle Policy & Procedures**

Organization Officer signature & Position \_\_\_\_\_

UPD LENS APPROVAL DATE: \_\_\_\_\_

SGA APPROVAL BY:

\_\_\_\_\_  
SGA Treasurer Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
SGA President Signature

\_\_\_\_\_  
date