

PERMISSIVE DRIVER OF GIPS SCHOOL VEHICLES

Name: _____

Address: _____

Cell Phone: _____

E-mail: _____

Nebraska Driver's License No.: _____ Expiration date: _____

PLEASE MAKE A COPY OF THE DRIVER'S LICENSE

I verify that I have a valid Nebraska driver's license and that no students or children will be riding in the vehicle.

Date: _____ Signature of Driver: _____

Date: _____ Signature of GIPS Representative: _____