

**ALDEN-HEBRON S.D. #19
Hebron, IL 60034**

OCCASIONAL USE OF PRIVATE VEHICLE BY STAFF MEMBER

DATE: _____

EMPLOYEE NAME: _____

DRIVER'S LICENSE NUMBER: _____

EXPIRATION DATE: _____

TYPE OF AUTOMOBILE (make and year): _____

LICENSE PLATE NUMBER: _____

NAME OF INSURANCE COMPANY: _____

AMOUNT OF LIABILITY (\$300,000 minimum recommended to transport students):

\$ _____

Authority is granted to the above named person to use his/her private vehicle on
school business on _____
Date

Signature of Superintendent