

AUTHORIZATION FOR USE OF PRIVATE AUTOMOBILE

This is to certify that _____ is authorized to use his/her
NAME OF EMPLOYEE
automobile for official school business, as described herein. It is understood that the coverage of
primary liability insurance will be maintained by the Milford Exempted Village School District
but no physical property damage insurance is maintained by the school district.

NATURE OF SCHOOL BUSINESS FOR WHICH THE AUTOMOBILE IS TO BE USED

DATE OF USE

I have volunteered to use my personal vehicle and understand the limitations of the insurance coverage
provided by the Board of Education.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF BUILDING ADMINISTRATOR

DATE

SIGNATURE OF BUSINESS MANAGER/DESIGNEE

DATE

Copies: Building Administrator
 Business Office
 Employee

Adopted: March 11, 2016