



Post Office Box 127, 168 Institute Circle, Lyndon Center, Vermont 05850

Telephone 802-535-3636, Fax 802-535-3630

www.lyndoninstitute.org

College Transportation Permission Slip

My student, (Print Name) _____, has my permission to drive themselves between Lyndon Institute and Northern Vermont University to their approved off campus classes, using their personal vehicle that is insured by me. I understand that Lyndon Institute will not be providing any insurance related to this travel and I release Lyndon institute from any liability related to this travel.

I understand that in giving my child permission to leave the Lyndon Institute Campus, that I resume responsibility for my child. I understand that Lyndon Institute is not responsible for my child's actions while signed out of campus. Responsibility to Lyndon Institute will resume when my child signs back in at campus.

The following items *must be provided* in order for this permission to be authorized by Lyndon Institute.

- Copy of students valid Driver’s License
- Copy of valid auto insurance with expiration date included
- Copy of valid registration for the vehicle that will be used including expiration date

I also understand the following conditions:

- My student may only drive during their approved class time frame (A Block, B Block, Lunch 1, Lunch 2, C Block and D Block). *Please select when your child will be out:* **A Block** **B Block** **L1** **L2** **C Block** **D Block**
- My student is not allowed to leave Lyndon Institute outside of the approved class time frame, unless special permission has been granted.
- My student will only be allowed to transport themselves and may not transport any other students (Unless permission is approved by both sets of parents/guardians - Please contact us for the Carpooling Permission Slip).
- Lyndon Institute may reach out for updated insurance and registration if any information is found to not be up to date.

By signing below I authorize that I have read and understood the above information and agree to abide by the conditions listed.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____