



Parking Services

NON-STATE EMPLOYEE PASSENGER AUTHORIZATION FORM

State Employee Authorized Driver Name			
Non-State Employee Name			
Date(s) of Trip			
	Year	Month	Day(s)
Destination(s)			
	City(s)		State(s)

Purpose of Trip
Reason for Non-State Employee to Ride in State Vehicle
(See State Risk Manual)

Risk Management Review		
Agency Signature Designee		
Vice Chancellor/Risk Manager		
		Date