



Fall 20 \_\_\_\_\_  
Spring 20 \_\_\_\_\_

## Automotive Verification Form

<b>STUDENT INFORMATION</b>	Date:	Student ID:	
Name:			
Address:		Phone:	
City:		Zip:	
<b>VEHICLE INFORMATION</b>	Year:	Make:	Model:
License Plate:		Vin:	

How many units are you taking this semester? \_\_\_\_\_

Are you the registered owner of the above vehicle?  Yes  No

If no, what is the name of the registered owner? \_\_\_\_\_

Do you have authorization from the registered owner to drive the above vehicle?  Yes  No

Is this vehicle insured?  Yes  No

What is the name of the Automotive Insurance Company? \_\_\_\_\_

A copy of the following documents is needed to accompany this form.

1. Driver's License
2. CURRENT Auto Registration
3. CURRENT Auto Insurance

If you are not the registered owner, the following is also needed.

1. Letter of authorization from registered owner
2. Registered Owner's Driver's license

*The automobile listed above is the primary vehicle I used to travel to and from school. All information provided is true and correct. The CARE program reserves the right to verify all information provided.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CARE COORDINATOR SIGNATURE

\_\_\_\_\_  
DATE