



MV1

Approval to use private vehicle on University business

Name

Staff/Student ID.....

Faculty/School

Vehicle Registration Vehicle Make, Model & Year.....

Purpose for which the vehicle will be used.....

.....

Date(s) of use.....

I agree that I will not bring a claim against the University, or otherwise seek to make the University liable, for any damage, loss or injury that arises out of the use of a private vehicle for University business.

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Signature of applicant

Date

Authorised by

I have sighted evidence that the vehicle is registered and is covered by current comprehensive insurance.

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Dean/Head of School

(This form is to be retained in the School office)