



Your University of Choice

CALUMET COLLEGE OF ST. JOSEPH VAN RESERVATION

Department _____

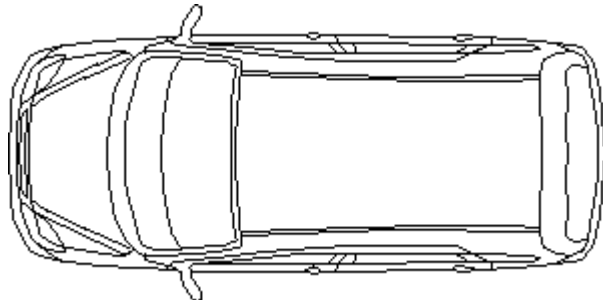
Reservation Date Requested 1/12/2015

Driver _____

Time Out: _____ Time In: _____

Mileage Out	Mileage In	Departure Date	Return Date

Damages on Vehicle



I, the undersigned, do hereby certify, that I that I am fully responsible for the condition of this vehicle. I agree to return it in its original condition. I am aware that I will be charged for fuel if not return its original level.

Sign Here: X _____

Date Submitted _____

A signed copy of this form will be maintained in the Academic Affairs Office.

PLEASE MAKE SURE STUDENT WAIVERS ARE SIGNED PRIOR TO TRAVELING