



**CRAWFORD
TECH**

Crawford County Career & Technical Center

PERMISSION TO RIDE FROM CRAWFORD TECH

Rider's Name _____

Crawford Tech Shop _____ Session (am or pm) _____

Requesting Permission to Ride from Crawford Tech on _____ (date)

Reason(s) for Riding from Crawford Tech: _____

Sending School _____ Principal's Signature _____

Rider's Parent/Guardian Signature _____ Phone No. _____

Requesting to Ride with:

Driver's Name _____ Tech Permit # _____

Driver's Crawford Tech Shop _____ Session (am or pm) _____

Driver's Parent/Guardian Signature _____ Phone No. _____

Crawford Tech Principal/Asst. Director's Signature _____ Date _____

RULES

I will ride only with those persons I have permission to ride with from Crawford Tech.

If I fail to obey these rules I will forfeit my privilege to ride from Crawford Tech, this permission may be revoked at any time.