

**DRIVING PERMISSION FORM
UPWARD BOUND
LINCOLN MEMORIAL UNIVERSITY**

_____ has my permission to drive to and from Lincoln Memorial University (LMU)
Student's Name _____ for the Upward Bound Program. **Please check and date ONE of the
options below. My son/daughter has permission to drive:**

_____ to and from LMU for all Upward Bound activities during the Academic Year 20____ - ____.

_____ to and from LMU during the Summer Program 20_____.

_____ to and from LMU and to his/her Career Work Study position during the Summer Program
20_____.

I understand that abuse of this privilege will result in loss of the student's stipend and/or possible
suspension.

Parent/Guardian Signature

Date

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