



# BUS CHANGE

## Special Trip Permit

Mid Columbia Bus Company  
6995 SW West Hills Rd  
Corvallis OR 97333

Valid for **one** date only.

**Form  
T-3**

School \_\_\_\_\_ Date: / / .

Student Name \_\_\_\_\_

Authorized to ride Bus# \_\_\_\_\_

To: \_\_\_\_\_  
(Describe stop, location, or person going home with)

**Signature of  
School Official:** \_\_\_\_\_



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