



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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