

**DRIVER RECORD CHECK AUTHORIZATION FORM**

**Purpose:**

This form authorizes the DC Everest Area School District to obtain a copy of the individual's driving record from the Department of Motor Vehicles (DMV) to verify eligibility for driving responsibilities as part of their employment or volunteer duties.

**Section 1: Employee/Volunteer Information**

*Full Legal Name: (As it appears on your driver's license)* \_\_\_\_\_

*Driver's License Number:* \_\_\_\_\_

*Position/Role:(e.g., Teacher, Staff, Volunteer)*\_\_\_\_\_

*Amount of Auto Liability Insurance*\_\_\_\_\_

*Name of Insurance Company*\_\_\_\_\_

**I have verified the following (circle yes or no):**

YES NO There are safety belts for each passenger

YES NO The vehicle transporting students is in proper operating condition

YES NO I will obtain proper parent/guardian consent before transportation is provided

YES NO I will only allow approved district drivers to transport students

**Section 2: Consent to Obtain Driving Record**

I, the undersigned, authorize the DC Everest Area School District to request and obtain a copy of my driving record from the Department of Motor Vehicles (DMV). I understand that this record will be used to evaluate my eligibility for driving as part of my employment or volunteer duties with the district.

I acknowledge that the information obtained from my driving record may be used in decisions related to my eligibility to drive district-owned or personal vehicles for district purposes.

**Section 3: Acknowledgment and Signature**

I certify that the information provided in this form is accurate and complete. I understand that providing false information or omitting information may result in disciplinary action or disqualification from driving-related responsibilities within the district.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_