



DRIVER AUTHORIZATION AND MOTOR VEHICLE RECORDS RELEASE FORM

In order to drive a BSD vehicle, leased vehicle, and/or my personal vehicle to transport BSD students. I agree to allow the BSD to request my motor vehicle record from the department of Licensing in order to determine authorization to transport BSD students to school activities, events and field trips. I agree to provide a copy of my Washington State driver's license, and a current insurance card if I am driving my personal vehicle.

Print Full Name: _____ Date of Birth: _____

WA Driver's License #: _____ Expiration Date: _____

Insurance Company: _____ Expiration Date: _____

Phone Number: _____

I am a: Student District Employee Parent Volunteer

Work Location (District Employee's/Students): _____

Employee ID # (if you are a district employee): _____

Approvals are good for one school year, and must be resubmitted every new school year. This is not a guarantee of approval. Your BSD designee will be notified if you have been approved or denied. Any incomplete or forms that do not have the driver's license and insurance card attached, will not be processed. Please allow 5 business days for processing. Completed forms must be sent to the BSD Transportation Department.

By signing, you authorize BSD to request your Motor Vehicle Record from the DOL. By signing you also release BSD and the DOL and its employees, from any and all suits at law from all claims, demands or loss of any nature included but not limited to all costs and attorney's fees arising from any incorrect or improper disclosure of individual names or addresses under this form. All information obtained will be confidential.

Driver Signature: _____ Date: _____

BSD Designee Signature _____ Ext: _____

Transportation Signature: _____ Date: _____

Approved

Denied