



Bellefonte Area School District Motor Vehicle Record Release

I, _____, do hereby consent to the release of my record of motor vehicle accidents and violations in the State of Pennsylvania.

A copy of this information, obtained for Insurance purposes, will be released to the Bellefonte Area School District.

Signature _____

Driver's License Number _____

Date _____ Birth Date _____

A photo copy of the applicant's driver's license must accompany this record release request.

If applicant's address listed on the current driver's license is incorrect because of an address change, please list the new address below.

Individuals may not operate a school-owned vehicle until the MVR report has been returned, evaluated, and approved as required by School Policy.

Individuals will be notified of approval to operate a school-owned vehicle following the MVR check.

Applicant is requesting permission to drive a school-owned van for the purpose of (circle one):

- | | |
|--------------|-----------------------------------|
| 1. Employee | 3. Athletics (list sport)_____ |
| 2. Fine Arts | 4. Volunteer (list activity)_____ |