



BELLEFONTE AREA SCHOOL DISTRICT

MOTOR VEHICLE RECORD RELEASE

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

A copy of this information, obtained for insurance purposes, will be released to my employer.

Signature: _____

Motor Vehicle Operator's Number: _____

Date: _____ Date of Birth: _____

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.