KEWASKUM SCHOOL DISTRICT
TRANSPORTATION SERVICES MANAGEMENT
DRIVING RECORD REQUEST WAIVER

This form and a copy of your driver's license must be on file in the District Office before driving any school-owned vehicle(s).

Today's Date: _____

Staff member building: FES ☐ KES ☐ i4LCS ☐ KMS ☐ KHS ☐ DO ☐

Volunteer ☐ Coach ☐

Club/Team/Event driving for (list all):_____

_____

_____

I hereby authorize the release of my driving record to the Kewaskum School District from the Wisconsin Department of Transportation. **(Attach copy of driver's license.)**

Signature_____

Print Full Name: _____ _____ _____

First Middle Last

Driver's License #_____Expiration Date _____

Date of Birth _____

It is the responsibility of the applicant to keep this form up-to-date. This authorization is valid for one school year or until terminated by applicant.

Office Use Only:
Date of Record Check: _____
Check Completed by (initials): _____
Approved or Not Approved (circle one)

Reference: Policy 8600
Revised: December 2015