

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company-To be completed by the company or the age	nt of the company	
PRINT or TYPE Company name		
MOUNT BAKER SCHOOL DISTRICT 507		
Agent company name (if applicable)		
Company/Agent company address PO BOX 95, DEMING WA 98244-0095		
Authorized representative name SUZANNE WOODIN	Title DIRECTOR OF TRAN	NSPORTATION
 Answer the following Is this company an employer, prospective employer, o individual whose driving record is being requested? Is the record you are requesting necessary for employ by the employee or prospective employee as a conditi driving by the volunteer at the direction of the volunteer Do you agree to use the information contained in the rand not divulge it to a third party? Do you agree to hold harmless the Washington State matters relating to the release of the requested driving Certification I declare under penalty of perjury under the law of Washington	ment purposes related to on of employment or relater organization? ecord exclusively for this Department of Licensing precord?	odriving ated to
X		
Date and place (city or county) signed Authorized representative signature		
Employee, prospective employee, or volunteer-C		
PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from ✓ Employee–for release of my driving record for employ full term of my employment □ Prospective employee–for release of my driving recor from date signed □ Volunteer–for release of my driving record for a position of the volunteer organization	d for employment purpos	ses, not to exceed 30 days
Employer, prospective employer, or volunteer organization name MOUNT BAKER SCHOOL DISTRICT 507		
Employer agent company name if acting on behalf of the company for employ	ment purposes	
Authorization I am an employee, prospective employee, or volunteer o copy of my Washington State driving record be sent to th		oove and I request that a
Signature		Date