

MOTOR VEHICLE DRIVER RECORD BACKGROUND CHECK

Please complete this form on-line, print it, sign it and submit it to your Principal or Supervisor for signature.

I, the undersigned, do hereby authorize the Minnesota Department of Driver and Vehicle Services to release information they may have in their records under my name and date of birth to the Transportation Director, releasing said agency from liability for damages resulting from unauthorized use of said information. Further, I certify this to be my true name and date of birth. Authorization valid for one year.

 LAST NAME

 FIRST NAME

 MIDDLE NAME

 DOB (MM/DD/YEAR)

 STREET ADDRESS

 DAYTIME PHONE

 CITY, STATE AND ZIP CODE

 EVENING/CELL PHONE

 DRIVER'S LICENSE NO.

 DATE OF EXPIRATION (MM/DD/YEAR)

 SCHOOL/DEPT SUBMITTING FORM

 PURPOSE/ACTIVITY

 APPLICANT SIGNATURE / DATE

 PRINCIPAL OR SUPERVISOR SIGNATURE / DATE

Please send this completed form, which must include Principal's or Supervisor's Signature, to the Transportation Department prior to the first date you will be driving a district vehicle.

Transportation Department Use Only

Received at
Transportation Dept