



# *Forest City Regional School District*

100 Susquehanna Street ♦ Forest City, PA 18421 ♦ (570) 785-2406 ♦ FAX (570) 785-9557 ♦ [www.fcrsd.org](http://www.fcrsd.org)

## **AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

For Forest City Regional Employees, Your Department: \_\_\_\_\_

For Non-Employees, Your Employer: \_\_\_\_\_

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Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., and all applicable federal, state, and local laws, I hereby authorize and permit Forest City Regional School District to obtain my driving record for the purposes of verifying my qualifications to drive school owned/leased vehicles or transport school students.

I hereby authorize Forest City Regional School District to procure, from time to time, additional driving records as it deems appropriate, to evaluate my qualifications to drive school vehicles, transport students, my insurability or for other permissible purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*For Business Office Use Only:*

Date Obtained: \_\_\_\_\_

☐ Approved

Reviewed By: \_\_\_\_\_

☐ Denied