

# McKINNEY

INDEPENDENT SCHOOL DISTRICT

## CONSENT TO RELEASE DRIVER INFORMATION

### INFORMATION REQUESTED ON:

Texas Drivers License # \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle/Maiden \_\_\_\_\_  
Campus Location \_\_\_\_\_ Employee: Yes or No (please circle one)

### INDIVIDUAL'S WRITTEN CONSENT FOR *ONE TIME* RELEASE TO ABOVE REQUESTOR

I, \_\_\_\_\_, hereby certify that I grant access on this one occasion to my Driver License/ID Card record,  
Personal information (name, address, driver identification number, etc.), to McKinney ISD

**Employees who are in safety sensitive positions, who operate District motor vehicles, or transport students,  
are subject to random drug testing.**

\_\_\_\_\_  
Signature of License/ID Card Holder

\_\_\_\_\_  
Date

### MAIL DRIVER RECORD TO:

Requestor's Name: ArDena M. Johnson

Address: # 1 Duvall Street

City, State, Zip Code: McKinney, Texas 75069 Telephone #: 469- 302- 4026

### If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.: McKinney Independent School District

Your Title or Affiliation with above: Office Manager, Business Services Group

Type of business, organization, etc.: Public School District

(i.e. Insurance provider, towing company, private investigation firm, etc.)

ArDena M. Johnson

Signature of Requestor

\_\_\_\_\_  
Date