

McKINNEY

INDEPENDENT SCHOOL DISTRICT

CONSENT TO RELEASE DRIVER INFORMATION

INFORMATION REQUESTED ON:

Texas Driver's 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

Email or Interoffice DRIVER RECORD TO:

Requestor's Name: Vonna Van DeVeer vvandeveer@mckinneyisd.net
Address: # 1 Duvall Street
City, State, Zip Code: McKinney, Texas 75069 Telephone #: 469-302-4110

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

Title or Affiliation with above: Office Manager, Facilities & Operations Department

Type of business, organization, etc.: Public School District
(i.e. Insurance provider, towing company, private investigation firm, etc.)

Vonna VanDeVeer Signature of Requestor

Date