

Driving Records Release Authorization

I, _____
Last Name First Name Initial

hereby authorize the Department of Transportation, Division of Driver's Licensing, to release my driving record to the Fort Thomas Independent School District.

License Number Date of Birth

Address

Signature Date

Employees living outside of Kentucky will need to submit a five (5) year driving record from their local DMV along with this form.

**If the individual has had a DUI charge within the last five (5) years, you need not apply.

In accordance with Policy 03.1321, this form shall be completed biennially.

Name _____				
Last Name		First Name	Middle Initial	
Address _____				
Street/Apartment #/P.O. Box		City	State	Zip Code
Maiden Name, if applicable _____				
Birthdate _____		Social Security Number _____		
Position to be filled in the School District _____				

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In accordance with policy 03.1321, I hereby authorize the Kentucky Department of Transportation to release the results of a Driving Records Check to school district personnel.

Signature of Applicant Date

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Subscribed and sworn to before me by _____ this _____ day of _____, 2_____.
Applicant's Signature

My commission expires: _____
Month/Day/Year Notary Public

This form shall be completed ~~annually~~.

District personnel should ensure that all information is complete.
Forward a check made payable to the Kentucky State Treasurer in the amount of ~~\$3.00~~ for each submitted form. Send this form and check to **Kentucky Department of Transportation, Division of Driver Licensing, 200 Mero Street, Frankfort, KY 40622.**