

COUNCIL ROCK SCHOOL DISTRICT

MOTOR VEHICLE DRIVERS LICENSE CHECK REQUEST FORM

First Name: j _____

Last Name: _____ **Date of Birth:** _____

Position : Teacher / Coach/ Maintenance / Van Driver / other: _____

Home Address: _____

City: _____

State: _____ **Zip Coe:** _____

Cell Phone Number: _____

Driver's Liçense # _____ **State Issued:** _____

**I hereby request the Department of Transportation to furnish a copy of my
Driver's Record to the Council Rock School District.**

_____ **Date** _____