Kewaskum School District
Transportation Services Management
Driving Record Request Waiver

The Driver, by completing the Driving Record Request Waiver, understands and agrees to a Motor Vehicle Report (MVR)/ driving record check and agrees to follow the terms and regulations associated with the use of Kewaskum School District vehicles. Use is for official district business and/or the transportation of students to school related functions. It is the responsibility of the applicant to keep this form up-to-date. This authorization is valid for one school year or until terminated by applicant.

Drivers will be prohibited from operating district vehicles under any of the following conditions:

- *Does not have a valid driver's license, or the license has been suspended or revoked.*
- *Does not have at least one year of verifiable driving experience.*
- *The MVR indicates more than two at-fault accidents, or three moving violations, or two moving violations plus one at-fault accident in the past three years.*
- *The MVR indicates any one of the following major violations within the past three years:*
  - *Speeding 15 or more miles over the speed limit*
- *The MVR indicates any one of the following major violations within the past five years:*
  - *Driving under the influence*
  - *Reckless driving/speed contests*
  - *Hit and run*
  - *Vehicular manslaughter/homicide*
  - *Leaving the scene of an accident*
  - *Fleeing/eluding a police officer*
  - *Passing a stopped school bus*
  - *Refusing a chemical test*
  - *Operating with a suspended or revoked license*
- *Has tested positive in an alcohol or drug test while in the district's employment.*

Staff member building: FES ☐ KES ☐ KMS ☐ KHS ☐ DO ☐

Staff ☐ Volunteer ☐ Coach ☐

Club/Team/Event driving for (List all): _____

_____

I hereby authorize the release of my driving record to the Kewaskum School District from the Wisconsin Department of Transportation (attach copy of driver's license).

Signature: _____

Print Full Name (first, middle, last): _____

Driver's License #: _____ Expiration Date: _____

Date of Birth: _____

Office Use: Date of Record Check: _____ Completed by (initials): _____

Approved Not Approved

Reference: po8600
Revised: August, 2022