



RELEASE AND WAIVER
Driver Certification Program

For positions involving the operation of District owned vehicles with a Class C license, the North Clackamas School District will conduct a record check regarding your motor vehicle driving history. **Please remit a copy of the completed form along with copies of both front and back of your driver's license to Risk Management.** Records will be requested from the following agency:

Oregon DMV
Record Services Unit
1905 Lana Ave. NE
Salem, OR 97314

**AUTHORIZATION TO OBTAIN CONSUMER REPORT
PURSUANT TO 15 U.S.C. 1681b(b)(2)(B).**

I authorize North Clackamas School District (the District) to obtain a consumer report for employment purposes. I understand that inquiry may include, but is not limited to: conviction records, and motor vehicle records.

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(B). I acknowledge that I have received "A Summary of Your Rights Under the Fair Credit Reporting Act" and a copy of procedure RM-100, "Driver Certification and Approval to Operate District Owned Vehicles" as part of the application process. Additionally, this authorization is limited to information pertaining to driving records to be obtained from the Department of Motor Vehicles.

I hereby waive my rights to privacy in this investigation, except as stipulated below. In addition, I understand, by signing below, I give anyone contacted full rights to answer all inquiries freely and completely. I further waive any and all rights to seek redress in any manner, specifically, but not limited to lawsuit, from this investigation.

I understand this is not a guarantee of employment, regardless of the results.

Signature Date

Printed Legal Name

Date of Birth (For ID Purposes Only) Oregon Driver's License Number

For Risk Management Use Only:	
_____	_____
Date Approved	Date Denied and Reason