Monomoy Regional School District
District Driver Request and Record Authorization Form

Thank you for your interest in driving for the district. In the interest of the safety of our staff and students, Monomoy Regional School District will not allow anyone to drive a district vehicle if they have a citation for operating a vehicle under the influence of drink or drugs, or any other significant or multiple citation(s) or at-fault accidents, as determined by the district.

Important: *If you believe there is anything that may disqualify you from being added to the district's insurance, please do not complete this form. Instead, discuss your concerns with a district administrator.*

Please review the statement below and complete the form to indicate your agreement. Please attach a copy of your driver's license, front and back and email to Michael MacMillan, School Business Manager, mmacmillan@monomoy.edu.

Printed Name: _____

I request to be added to the district's insurance policy as an authorized driver of school vehicles.

I hereby state that, to the best of my knowledge, I have no known impediments to this request, such as a history of driving under the influence of drugs or alcohol, or any other significant or multiple citations or at-fault accidents that would disqualify me from being added to the district's insurance policy.

I hereby authorize the Monomoy Regional School District to obtain a copy of my driving record from the Massachusetts Registry of Motor Vehicles (RMV). I understand that this information will be used for the purpose of evaluating my eligibility to operate a school vehicle and to ensure the safety of students and staff.

I understand that the RMV will release my driving record only with my consent. I also understand that I may revoke this authorization at any time by submitting a written request to the Monomoy Regional School District.

Signature: _____

Date: _____