OFFICE OF RISK MANAGEMENT/EMPLOYEE BENEFITS
5735 47th Avenue - Sacramento, CA 95824
Phone: (916) 643-9421
Fax: (916) 399-2071

Keyshun Marshall, *Director II*

This form is required and must be completed at the start of each school year and turned in to Risk Management by site or Department, along with a clear copy of your Driver's License. The clearance process will take place with the Department of Motor Vehicle (DMV) in accordance with Title 8, California Code of Regulations.

RELEASE OF DRIVER RECORD INFORMATION

I _____ authorize Sacramento City Unified School District to review driving, motor vehicle related information periodically for the duration of my employment.

I understand that my driving privileges are contingent upon the Sacramento City Unified School District's review of such information.

I understand my signature is confirmation that I have read and understand the above information.

Organization: Sacramento City Unified School District

Signature _____ Date:_____

Printed Name (as it appears on driver license): _____

Driver License Number:_____ State _____ Circle Gender: M or F

Birth Date (Month/Day/Year): _____ Contact Phone Number: _____

Department/Site: _____ Title: _____

Volunteer: ☐ Staff/Substitute/PerDeim: ☐

Please be aware of timelines and plan for the necessary preparation time prior to submitting this form.

****This form must be submitted two (2) weeks in advance for local trips, (6) weeks in advance for all other trips. The sole purpose of the information is to verify driver license validity. All other information is not relevant to driving privileges. This form is confidential and may be privileged. The information is intended solely for Sacramento City Unified School District Risk & Disability Management use or entity outlined for audit purposes and review or disclosure by anyone else is unauthorized. If you have received this form in error, please forward immediately to the Office of Risk & Disability Management and destroy all copies without reading or disclosing the contents.***

Office of Risk Management Use Only

Processing Date: _____

Clearance Date: _____

Additional Notes/Comments: _____

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