



SANTA CLARA
UNIFIED SCHOOL DISTRICT

STUDENT'S LAST NAME: _____

School/Department: WASHINGTON OPEN

School Year: 2026-2027

Annual Authorization for Volunteer or District Drivers

☒ Parent Volunteer

☐ District Employee

☐ Personal Vehicle

☐ District Vehicle (Employees only)

Driver's Information	Driver's Certification:
Driver's Name:	By signing, I agree to follow all laws of the road when operating a Santa Clara Unified School District vehicle or while transporting Santa Clara Unified School District students in my personal vehicle.
Driver's License Number:	
Driver's License Class:	I agree to keep all necessary licenses and insurance current and will supply copies to the transportation department (or my department to send to transportation) when any changes or updates are made.
Driver's License Exp:	
Driver's Contact Number:	I agree that I will immediately report to my supervisor or school site any accident that occurs while I am operating a Santa Clara Unified School District vehicle or while transporting Santa Clara Unified School District students in my personal vehicle.
Email:	
Signature:	I agree to immediately report any changes to my license that would affect my legal ability to operate a Santa Clara Unified School District vehicle or to transport Santa Clara Unified School District students in my personal vehicle.

Supervisor's Information

Supervisor Name: Title: HEIDI PILAWSKI

Phone Number: Email: (408) 423-3900

Signature: Heidi Pilawski

Transportation Department Use Only:		Information
		The following MUST be submitted with this form prior to approval
Approved: ☐		Parent Volunteers & District Employees Driving Personal Vehicle: Copy of Insurance Coverage providing a minimum of: \$100,000 per person bodily injury \$300,000 per occurrence \$50,000 Property damage
Not Approved: ☐		All Drivers: Copy of Driver's License DMV Driver Record (Online for \$2.00 or at DMV office for \$5.00) https://www.dmv.ca.gov/portal/dmv/detail/online/dr/welcome DMV Driver Record, <u>dated within 30 days</u> , must be submitted annually for all volunteer drivers and employees not enrolled in district pull notice program
Authorized Admin Signature: _____		District Employees: In lieu of having to submit a yearly driving record, <u>district employees</u> can choose to be added to the district pull notice program by filling out the DMV Authorization for Release of Driver Record Information form (INF 1101)
Date: _____		