



Forest City Regional School District

100 Susquehanna Street ♦ Forest City, PA 18421 ♦ (570) 785-2406 ♦ FAX (570) 785-9557 ♦ www.fcrsd.org

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

Name: _____ Phone: _____

Driver's License Number and State: _____ Date of Birth: _____

For Forest City Regional Employees, Your Department: _____

For Non-Employees, Your Employer: _____

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., and all applicable federal, state, and local laws, I hereby authorize and permit Forest City Regional School District to obtain my driving record for the purposes of verifying my qualifications to drive school owned/leased vehicles or transport school students.

I hereby authorize Forest City Regional School District to procure, from time to time, additional driving records as it deems appropriate, to evaluate my qualifications to drive school vehicles, transport students, my insurability or for other permissible purposes.

Applicant's Signature

Date

For Business Office Use Only:

Date Obtained: _____

Approved

Reviewed By: _____

Denied