

I authorize Waseca Public Schools to obtain my driver license records from the MN Department of Public Safety. This release form is valid for one calendar year from the date I have signed or upon termination of my employment.

I also understand that if I commit a moving violation, or receive a DWI, I will need to notify my employer immediately using the proper paperwork. I understand I am required to disclose this in writing within ten (10) days of conviction. This applies to both personal and District vehicles.

Signature

Date

Name

Driver License Number

*****PLEASE ATTACH A COPY OF YOUR CURRENT DRIVER LICENSE**