



## **Authorization to Obtain Motor Vehicle Record**

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

- Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by: **Clinton Community School District**
- That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
- That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/potential employee: \_\_\_\_\_  
Print name as it appears on driver's license

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of employee/potential employee: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Authorized Representative Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DISTRICT OFFICE**  
112 Milwaukee Road  
P.O. Box 566  
Clinton, WI 53525  
608.676.5482

**ELEMENTARY SCHOOL**  
301 East Street  
P.O. Box 70  
Clinton, WI 53525  
608.676.2211

**MIDDLE SCHOOL**  
115 Milwaukee Road  
P.O. Box 559  
Clinton, WI 53525  
608.676.2275

**HIGH SCHOOL**  
112 Milwaukee Road  
P.O. Box 566  
Clinton, WI 53525  
608.676.2223