

DRIVER RECORD SCREENING DISCLOSURE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Embark Safety LLC and its designated agents and representatives to conduct a comprehensive review for Seminole County Public Schools (SCPS) of my driver record background through a consumer report and/or an investigative consumer report upon request, to be generated for the purpose of evaluating and meeting the guidelines set forth by SCPS Board Policies 8660-*Transporting Students by Private Vehicles* (F.S. 1006.22) and po9200-*Volunteers*. (See Appendices A and B.)

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, information about my names, aliases, motor vehicle records, license verification. Upon request from SCPS, Embark Safety LLC will supply a copy of the completed consumer report/investigative consumer report along with a copy of an individual’s rights under the Fair Credit Reporting Act.

I also understand that violation of any SCPS Board policies where an employee or volunteer driver acts unprofessionally, fails to abide by Florida law and/or SCPS Board Policy 8660-*Transporting Students by Private Vehicles* (F.S. 1006.22) , or otherwise acts in a manner contrary to the expectations of this District regarding the transportation of students or operation of a vehicle on behalf of Seminole County Public Schools may be removed as an approved driver by the Superintendent, Principal, or designee.

AUTHORIZATION FOR RELEASE

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout the duration of my employment transporting students or otherwise operating a vehicle on behalf of Seminole County Public Schools, along with complying with all School Board policies regarding safe driving. I certify that all information provided below is correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, copy or electronic form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. The information as provided on this form below is held confidential, unless release or disclosure is otherwise required by law, and will not be used for any other purpose.

_____	_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN/PREVIOUS NAME(S)
_____	_____	_____	_____
DRIVER LICENSE NUMBER	DATE OF BIRTH (mm/dd/yyyy)	SCHOOL/COST CENTER	

ADDRESS (Street, Apt No., City, State, Zip Code)

_____	_____
** APPLICANT SIGNATURE	DATE

** (Electronic signatures are NOT acceptable -This document must be physically signed by applicant)

Applicant: Please email completed and signed form to riskmgmt@scps.k12.fl.us