

SEARCH FEE
\$2.20

DR 2559 (10/13/05)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
DRIVER CONTROL
DENVER CO 80261-0016
(303) 205-5613

SELF INSURED

PERMISSION FOR RELEASE OF INDIVIDUAL RECORDS

and REQUESTOR RELEASE AND AFFIDAVIT OF INTENDED USE

Driver's License offices provide only personal driving record information.
Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO
Pursuant to §24-72-204 (7)(b)(XIII), C.R.S.

I (please print) _____ hereby authorize the release of personal information as contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206, §42-3-125 C.R.S.).

OR

I (please print) _____ am the parent or legal guardian of (please print) _____ and hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206, §42-3-125 C.R.S.).

Driver's Date of Birth _____ Driver's License Number _____

Signature _____ Date _____

Release Records to (name) Melodee L. Bergin Driver's License Number _____ State CO

Company (if applicable) Mesa County Valley School District #51

Address 2115 Grand Ave.

City Grand Junction State CO ZIP Code 81501

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law.

Signature of Requestor _____ Date _____

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver's license or identification card until the original check is redeemed and an administrative and short check fee are paid

INSURANCE AND DRIVER INFORMATION

As protection to our students, Mesa County Valley School District No. 51 (School District) requires that, as a minimum, the following coverage be in effect for any driver of a **private vehicle** used to transport students on field trips or as a condition of employment. The driver must be 21 years of age or older and have a valid Colorado drivers license. The driver's motor vehicle report shall have no more than one (1) driving violation with points assessed during the past three (3) years and the point assessment of the violation cannot be greater than seven (7) points. (Board policy UOA & UOA-R)

Absolute exclusions include, but are not limited to the following: DUI, DWIA, Hit & Run, Reckless or Implied Consent in the last five (5) years, any drug or alcohol-related violation or accident.

Minimum Required Insurance:

- **Liability: \$ 50,000 / \$100,000**
- **Property Damage: \$ 50,000**
- **Uninsured Motorist: \$ 50,000 / \$100,000**

The School District does not carry motor vehicle insurance for private vehicles. Your insurance will be the primary insurer in the event of an accident.

Please provide the following information and sign the statement regarding insurance and your personal driving record. Attach a copy of the vehicle insurance card to this form.

Full Name of Driver: _____ Phone: _____

Vehicle Owner Name: _____ Phone: _____

Address (street, city, zip code): _____

Colorado Driver's License Number: _____ Expiration: _____

Year, Make, Model of Primary Vehicle: _____

(Note: If you intend to use other vehicles please list them on the back of this form)

My vehicle has a total of _____ seat belts. I will carry only a total of _____ passengers.

Insurance Carrier: _____ Policy Number: _____

Insurance Agent/Agency: _____ Phone Number: _____

Amounts of Coverage: (You must include this information)

Liability: \$ _____ Property Damage: \$ _____ Uninsured Motorist: \$ _____

I hereby release the School District, its directors, officers, employees and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that might occur while transporting students in my private vehicle or other vehicle used, whether or not such damage, loss or injury results from negligent operation or maintenance of a vehicle. I hereby confirm that the above insurance and driver information is correct and acknowledge that my insurance carrier will be the primary insurer in the event of an accident. I also state that I have had no more than one (1) moving violation during the past three (3) years and further, if a single driving violation did occur, the infraction carried less than seven (7) points. I have not had any violations of DUI, DWIA or reckless driving in the last five (5) years. I am 21 years of age or older. I give my permission to the School District to obtain my Motor Vehicle Record (MVR).

Signature: _____ Date: _____

School: _____

Principal or Supervisor Signature: _____ Date: _____