

DRIVER'S LICENSE VALIDATION FORM

(This form is required to operate school division vehicles)

TO BE COMPLETED BY THE DRIVER:

Date: _____

Driver's Name: _____

Driver's Status: Faculty/Staff Other: _____

License Number & Expiration: _____

State: _____

I give consent to Manassas Park City Schools to obtain a copy of my driving record.

(Signature)

(Printed Name)