



Yearly Permission to Release Driver Records to Self or Another Person

****This form expires June 30th of current school year and must be submitted annually****

<u>I (Please Print Last Name)</u>	<u>First Name</u>
<i>hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to:</i>	
<u>Authorized User</u> Aurora Public Schools	<u>Department</u> Risk Management
<i>Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206 (1)(b)(I)).</i>	
<u>Driver's Date of Birth</u>	<u>Driver's License Number</u>
<u>Signature</u>	<u>Date</u>

Person Receiving Record		
<u>Release Records to: Last Name</u> Aurora Public Schools	<u>First Name</u> Risk Management Office	
<u>Mailing Address</u> 15701 E. 1st Ave., Suite 106		
<u>City</u> Aurora	<u>State</u> CO	<u>Zip Code</u> 80011

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. All of the information provided is true and accurate to the best of my knowledge.

<u>Signature of Requestor</u> 	<u>Date</u>
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