



Business Office
435 Stanley Avenue
Chambersburg, PA 17201
(717) 261-9281 Fax (717) 261-3321

Motor Vehicle Record Release Form

No. 710.1 AR 4

Date: _____

Name: _____
(Print)

Address: _____

Job title: _____ Building/Dept: _____

Purpose of Trip: _____

I grant permission for the Chambersburg Area School District to acquire the required information of my driving record from the PA Department of Motor Vehicles. The driving record for the past ten (10) years will be held on file for insurance and auditing purposes. This permission is for the length of employment.

Signature _____

I will report any and all motor vehicle violations to the District within 24 hours from the time of the violation.

Signature _____