Rev. SDE 09/2008

REQUEST FOR DRIVING RECORD

School District Name and No. _____

Contact Person _____ **Phone** _____

Address to which _____
driving records
should be mailed _____

OR **Faxed** _____

TO: Idaho Transportation Department - Driver Services **Fax #: 334-8739**
PO Box 34; Boise, ID 83731-0034
Ph #: 334-8736

Per the *Memorandum of Understanding with State Department of Education* we request that driving records for the following pupil transportation personnel be furnished at no charge to the school district:

NAME		DRIVER LICENSE NUMBER	DATE OF BIRTH
Last	First, m.i.		

NAME		DRIVER LICENSE NUMBER	DATE OF BIRTH
Last	First, m.i.		