

BRUSH SCHOOL DISTRICT RE-2(J)



Making a difference in the World _ Student by Student

Please fill out the following information and return to the transportation department with a copy of your driver's license and CO form DR 2559.

Date: _____

Name: _____

Address: _____

Phone: _____

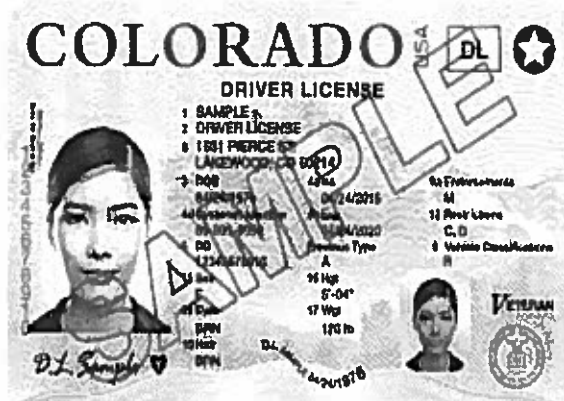
Drivers License #: _____

Expiration Date: _____

State of Issued: _____

Date of Birth: _____

School/ Dept: _____





DR 2559 (10/07/16)
COLORADO DEPARTMENT OF REVENUE
 Division Of Motor Vehicles
 Driver Control Section, Room 164
 PO Box 173350
 Lakewood, CO 80217-3350
 www.colorado.gov/revenue

Search Fee \$9.00
Certified fee (additional) \$1.00

Permission for Release of Individual Records

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 (1)(b)(I), §42-3-125 C.R.S.).

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

Signature _____ Date _____

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- (1)(b)(I), §42-3-125 C.R.S.).

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

Signature _____ Date _____

Release Records to (name) A Joe Mattorano Driver's License Number _____ State CO

Company (if applicable) Brush School District Re-2J

Address 527 Industrial Park Rd

City Brush State CO ZIP Code 80723

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.

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.