

VEHICLE USE APPROVAL REQUEST

Employee must complete the release form below, attach a copy of their Driver's License and forward both to the Business Office for approval by the Business Office and Superintendent. You will be notified by the Business Office of your approval/disapproval.

REASON

I am requesting use of a district vehicle for _____

RELEASE

I give my permission for the Freedom Area School District and Freedom Area School District Insurers to use my Driver's License number to check the PA Department of Motor Vehicles list for my Driver's Record.

Date _____

Signature

Superintendent _____ Approve _____ Disapprove _____
(signature)

Business Office _____ Approve _____ Disapprove _____
(signature)

Notified Vehicle Scheduler _____ Notified Employee _____
(date) (date)