



GCSD #1 Transportation Department
Staff Driving History Authorization

GCSD #1 Transportation Department has my permission to utilize the below information for the purpose of obtaining my Driving History record. This may be used currently and at any time in the future as needed for the purpose of being able to drive a District vehicle.

Full Name: _____

Date of Birth: ____ / ____ / ____

WY Driver License Number: _____
(Copy of Current Driver License attached)

Signature of Driver

Date