

**Chebeague Island School Department  
School Committee Policy**

**EEBA-E2**

**PERMISISON FOR RELEASE OF INDIVIDUAL RECORDS**

*To be completed and signed by the individual named on the requested record.*

I (please print name) \_\_\_\_\_ hereby authorized the release of my personal information as contained in records maintained by the Maine Department of Motor Vehicles to the requester identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License # \_\_\_\_\_

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Purpose for which records are released: \_\_\_\_\_  
\_\_\_\_\_

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Release records to (name): \_\_\_\_\_ Driver License # \_\_\_\_\_

School Department/Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_  
City State Zip Telephone

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Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_