

DR 2559 (08/24/21)  
**CO. COLORADO DEPARTMENT OF REVENUE**  
 Division of Motor Vehicles  
 Driver Control Section, Room 164  
 PO Box 173345  
 Denver CO 80217-3345  
 DMV.Colorado.gov

## Permission to Release Driver Records to Self or Another Person

**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 § 42-1-206(1)(b)(II) (7)(a) and (7)(b)(XIII), C.R.S.

<input type="checkbox"/> 7 Year Driver Record <input type="checkbox"/> Full Driver Record <input type="checkbox"/> Commercial Driver Record <input type="checkbox"/> Other: _____	
<i>If you are requesting a copy of a confidential crash (counter) report (Pursuant to § 42-4-1610, C.R.S.), fill out the following.</i>	
Confirmation Number	Date of Crash

Last Name (Please print)	First Name
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*I hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to:*

Last Name	First Name	<input type="checkbox"/> Check if to self
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*Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§ 24-72-204, § 42-1-206 (1)(b)(I)).*

**Driver**

Driver's Date of Birth	Driver's License Number	
Signature		Date
Signature of Parent or Guardian if Driver is a Minor		Date

**Person Receiving Record**

Release Records to: Last Name <b>SASSI</b>	First Name <b>JENNIFER</b>	
Driver's License Number <b>N/A</b>	State	
Company (if applicable) <b>EAGLE COUNTY CHARTER ACADEMY</b>		
Mailing Address <b>1105 MILLER RANCH ROAD</b>		
City <b>EDWARDS</b>	State <b>CO</b>	ZIP Code <b>81632</b>
Email Address	Phone Number <b>970 926 0656</b>	

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.

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 or criminal penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.

Signature of Requestor <i>Jennifer Sassi</i>	Date <b>8/17/22</b>
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DRIVER AND INSURANCE INFORMATION FORM

The Eagle county school District RESOJ (District) DOES NOT PROVIDE primary insurance coverage for any school sponsored trips in privately owned vehicles. Risk of loss for bodily injury/property - damage will be the personal responsibility of the owner/driver of the private vehicle.

The driver of the private vehicle must be at least 21 years of age; must possess a valid Colorado Drivers License; and must have a driving history which is acceptable to the principal.

The owner must carry Comprehensive Automobile Insurance with limits of not less than \$100,000/\$300,000 for bodily injury, \$50,000 property damage, Colorado No-Fault and Uninsured Motorists.

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**TO BE COMPLETED BY CAR OWNER(S)/OPERATOR(S)**

Automobile 1

Automobile 2

Make, Model, Year of Car \_\_\_\_\_

Make, Model, Year of Car \_\_\_\_\_

Maximum Number of Passengers \_\_\_\_\_

Maximum Number of Passengers \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Agents Name \_\_\_\_\_

Agents Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Limits of Coverage \_\_\_\_\_  
(Bodily injury) (Property damage)

Limits of Coverage \_\_\_\_\_  
(Bodily injury) (Property damage)

C. PLEASE ATTACH A CURRENT CERTIFICATE OF INSURANCE ISSUED BY THE INSURANCE COMPANY OR ITS AGENT.

3. Valid Colorado Drivers License: \_\_\_\_\_

Valid Colorado Drivers License: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Expiration date: \_\_\_\_\_

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**RELEASE**

I, understand that the District carries no insurance on privately owned vehicles or their operators. I hereby release the District, its directors, officers, employees and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss of injury that might occur while transporting students in my private vehicle, whether or not such damage, loss or injury results from negligent operation or maintenance of a vehicle. I understand that if I do not sign this release, then I will not be permitted to transport students in my private vehicle.

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

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

\_\_\_\_\_  
Signature of Owner/ Operator of Private Vehicle (Guardian 1)

\_\_\_\_\_  
Signature of Owner/Operator of Private Vehicle (Guardian 2)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address/ Telephone Number

\_\_\_\_\_  
Address/ Telephone Number

Student Registered Last Name: \_\_\_\_\_ Grade(s) \_\_\_\_\_

**EAGLE COUNTY SCHOOL DISTRICT RE-50J  
STUDENT TRANSPORTATION IN  
PRIVATELY OWNED VEHICLES  
SUMMARY OF BOARD POLICY EEAG**

Policy EEAG (Student Transportation in Private Vehicles) adopted by the Board of Education of Eagle County School District RE-50J (District) provides that a school may arrange for transportation of students to District sponsored curricular or extra-curricular activities in vehicles which are privately owned by staff members, community members or parents under the following conditions:

- The principal of the school has obtained the person's driving record from the State of Colorado, has reviewed that record and, on the basis of such review, has approved the person as a driver.
- The driver has submitted evidence satisfactory to the principal that the privately-owned vehicle has at least the following liability insurance coverage: \$100,000 per person and \$300,000 per occurrence for bodily injury and \$50,000 for property insurance; and,
- The principal has given his written approval for transportation of students in a privately-owned vehicle for a specific event.

**PRINCIPAL'S APPROVAL**

The principal of the school which your child is attending has given his/her written approval for transportation of students in privately-owned vehicles for the following school-sponsored activity:

Description of Activity: All enrichments, electives and field trip activities                      Current School Year

Location of Activity: To be announced                      Name of Driver: Any driver approved by the principal

**ACKNOWLEDGEMENT, PERMISSION  
AND RELEASE OF DISTRICT  
BY PARENT OR GUARDIAN**

The undersigned parent/guardian of \_\_\_\_\_ (student's name) acknowledges that he/she has read and understands the information on this form; grants his/her permission for the student named above to ride with the driver names above to the activity described above; and hereby releases the District and its directors, officers, employees and agents from any and all liability, claims, demands, or actions whatsoever arising out of any damage, loss, or injury that the student might sustain while participating and /or riding in a privately-owned vehicle, whether or not such damage, loss, or injury results from the negligence of the District and /or its directors, officers, employees or agents

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_