

Texas DPS

APPLICATION FOR COPY OF DRIVER RECORD FOR SCHOOL BUS DRIVERS

SBT-6 (Rev. 11/09)

MAIL TO: School Bus Transportation, Texas Department of Public Safety, Box 4087, Austin, TX 78773-0525

Forms may also be emailed to: SBT@TXDPS.STATE.TX.US

Any questions regarding the information on this form should be directed to 512-424-7396. Allow 2-3 weeks for delivery.

Table with 2 columns: Check Type of Record Desired, FEE. Includes options for Name - DOB - License Status - Latest Address, etc.

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name: BENSON, Requestor's First Name: SUE, Mailing Address: PO BOX 2035, City: TYLER, State: TX, Zip Code: 75710, Texas Driver License Number: 903-262-1122, Daytime Telephone Number: 903-262-1122

If Requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.: TYLER ISD, Your Title or Affiliation with above: RISK MANAGEMENT, Type of Business, organization, etc (i.e., school district, charter school, etc.): SCHOOL DISTRICT

Information Requested On:

Fields for Texas Driver License Number, Last Name, First Name, Middle name/Maiden Name, Date of Birth

Individuals Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, \_\_\_\_\_, hereby certify that I granted access on this one occasion to my Driver License/ID Card Record, inclusive of the personal information (name, address, driver identification number, etc.) to \_\_\_\_\_ Signature of Licensee/ID Card Holder or Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.