



DHHS – DIVISION OF SERVICES FOR THE BLIND DRIVING RECORD STATUS FORM

My job duties include transporting blind and/or visually impaired consumers and/or operating motor vehicles owned or provided by the State, I understand that my DMV driving records will be accessed by the **Division of Services for the Blind**. I understand that the **Division of Services for the Blind** will not release any information contained in my record. I understand that if I leave the employment of the **Division of Services for the Blind** or no longer provide transportation to staff of the Agency or consumers receiving services from the Agency, **DSB** will no longer retain access to my driving record.

I also understand that the intent of accessing my driving record is to ensure the safety of blind and visually impaired people for whom I might provide transportation.

(Check here after acknowledging the contents above) *By giving my signature below, I understand the policies & procedures above & have read the contents of this form, should I not understand, I will proceed to ask questions for clarity.*

SIGNATURE

DATE

NAME: _____
(PRINT LAST NAME) (PRINT FIRST NAME) (M.I.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DL #/STATE: _____/_____ ARE YOU A DSB EMPLOYEE? Yes No

DO OR WILL YOU DRIVE FOR A DSB EMPLOYEE? : Yes No If yes, who? _____

ARE YOU A CONTRACTUAL TEACHER? : Yes No

EMPLOYMENT BEGIN DATE: ____/____/____ EMPLOYMENT END DATE: ____/____/____

Return Completed Form to:

Veronica Wall
DSB Personnel Office – Fisher Bldg.
2601 MSC Raleigh, NC 27699-2601
Courier #: 56-20-04
(919) 527-6707 Phone

OFFICE USE ONLY:

CONVICTIONS YES NO

SUSPENSIONS YES NO

CORRESPONDENCE RCV'D YES NO

*** SEE ATTACHED DOCUMENTS IF YES IS