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**Driver Abstract Consent**

“driver abstract” is the product name under which the Alberta Government releases specific information from a person’s driving record, which contains:

Name Height Class Licence Number Expiration Date

Address Weight Issue Date Current Demerit Points Reinstatement Date

Date of Birth Sex MVID Number Suspended Status conditions (if any)

List of violations (Descriptions, Demerit/Merit Points and Suspension Term)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 Name Address

Declare that my Driver’s Licence Number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my Date of Birth is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 M (by name), DD,YY

And I give consent for my 3 Year 5 Year 10 Year driver abstract to be released, for a period of **three years.**

Grande Yellowhead Public School Division No. 77 of 3656-1st Ave, Edson, Alberta T7E 1S8 .

Name of the Person/Organization Receiving the Driver Abstract Address

In accordance with the Alberta Motor Vehicle Information Regulation (AMVIR), choose **one** of the following subsections:

**5(1)(a) Driver abstract released to a person known by myself**

I acknowledge that the above person is personally known to me, is not acting as an agent or employee of any other person in this transaction, and is not compensated in any manner for receiving or transferring the driver abstract to myself.

NOTE: This **cannot** be faxed.

 **5(1)(b)(iii) Driver abstract released to my employer or prospective employer**

NOTE: This can be faxed.

 **5(1)(b)(v) Driver abstract released to a lawyer representing me**

NOTE: This can be faxed.

**Driver’s Licence Abstract Release**

This is to advise that I hereby authorize the release of my Driver’s License abstract to the Grande Yellowhead Public School Division No. 77

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

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