

**OFF CAMPUS ACTIVITY FORM OCA-1  
RELEASE OF DRIVER RECORD INFORMATION**

This form is required and must be completed and returned to Risk Management.  
The information below will be submitted to the Department of Motor Vehicle  
(DMV) in accordance with Title 8, California Code of Regulations.

I \_\_\_\_\_ authorize Pacific Grove Unified School District to review driving, motor vehicle related information periodically for the duration of being a volunteer driver. I understand that my driving privileges for the District and District related trips are contingent upon the Pacific Grove Unified School District's review of such information.

I understand my signature is confirmation that I have read and understand the above information.

**Organization: Pacific Grove Unified School District**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name (as it appears on driver license): \_\_\_\_\_  
Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Circle Gender: M or F  
Birth Date (Month/Day/Year): \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Department/Site: \_\_\_\_\_ Title: \_\_\_\_\_  
Volunteer: \_\_\_\_\_ Substitute/PerDeim: \_\_\_\_\_

***Please submit a clear copy of the driver license with this form. Be aware of timelines and plan for the necessary preparation time prior to submitting this form.***

***\*This form must be submitted (6) weeks in advance for all trips requiring drivers. The sole purpose of the information is to verify driver license validity. All other information is not relevant to driving privileges. This form is confidential and may be privileged. The information is intended solely for Pacific Grove Unified School District use or entity outlined for audit purposes and review or disclosure by anyone else is unauthorized.***