

AI SD SUBURBAN CHECKOUT INFORMATION

NAME _____

ASSIGNED SCHOOL OR DEPT _____

SOCIAL SECURITY NUMBER _____

EMPLOYEE ID NUMBER _____

DRIVER LICENSE NUMBER _____ EXP. _____

DATE OF BIRTH _____

HOME PHONE NUMBER _____

CELL NUMBER _____

PLEASE SIGN BELOW THAT YOU HAVE RECEIVED A COPY OF THE SUBURBAN PROGRAM RULES AND UNDERSTAND THE CONDITIONS.

DRIVER SIGNATURE

DATE CHECKED

SAFETY OFFICIAL

DATE CHECKED

THIS INFORMATION IS TO BE ATTACHED TO A (PICTURE) COPY OF THE PERSON REQUESTING A LICENSE CHECK. MAKE SURE BOTH FRONT AND BACK OF LICENSE HAS BEEN COPIED FOR OUR FILES.