

MOTOR VEHICLE RECORD REQUEST PERMISSION FORM

I, the undersigned, give authorization for P. W. Wood and Son, Inc. and Cornell Cooperative Extension to obtain a current copy of my Motor Vehicle Driving Record (MVR). I state that I currently hold a valid Motor Vehicle Driver's license as indicated below and all information is correct. This authorization is good until revoked by me in writing. This information will only be used to verify my Motor Vehicle Driving Record.

County requesting check: Niagara

Check one:

Employee Consideration _____ IF HIRED: Please inform The Wood Office.

Current Employee _____ Volunteer _____

NAME AS IT APPEARS ON LICENSE: _____

ADDRESS: _____

DATE OF BIRTH: _____

STATE OF LICENSE: _____

DRIVER'S LICENSE NUMBER: _____

DATE: _____

SIGNATURE

RESULTS OF CHECK TO BE RETURNED TO UNDERSIGNED

CCE AUTHORIZATION SIGNATURE: _____

PRINT NAME _____

EMAIL ADDRESS (for results) _____