

**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.

Current CCE Employee

Employment Consideration at Cornell Cooperative Extension of  
(IF HIRED: Please inform The Wood Office).

County

NAME AS IT APPEARS ON LICENSE:

FULL ADDRESS:

DATE OF BIRTH:

STATE OF LICENSE:

DRIVER'S LICENSE NUMBER:



SIGNATURE: \_\_\_\_\_

DATE:

*\*\*Please attach photocopy of license to this form.*

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**OFFICE USE ONLY - RESULTS OF CHECK WILL BE RETURNED TO UNDERSIGNED**

CCE AUTHORIZATION SIGNATURE: \_\_\_\_\_

PRINT NAME:

EMAIL ADDRESS (for results):