

**DEPARTMENT OF MOTOR VEHICLE
BACKGROUND CHECK AUTHORIZATION FORM**

Please attach a copy of this individual's driver's license. You must allow up to seven (7) days for the completion of the background check.

County Requesting Check: _____

____ **Employee Consideration (IF HIRED: Please inform The Wood Office.)**

____ **Current Employee**

____ **Volunteer**

I, the undersigned, give authorization for **Cornell Cooperative Extension Association of Lewis County**, 5274 Outer Stowe Street, Lowville, NY 13367, **First Advantage Screening Service**, 1100 Alderman Drive, Alpharetta, GA 30005 and/or **P. W Wood & Son, Inc.**, 2333 N Triphammer Rd, Ste 501, Ithaca NY, 14850 to conduct a background check 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.

PRINT ALL INFORMATION

Name (as it appears on license): _____

Address: _____

Date of Birth: _____ Social Security Number: _____

State of License: _____

Driver's License Number: _____

Signature

Date

FORM TO BE RETURNED TO UNDERSIGNED

CCE Authorization Signature: _____

Print Name: _____

E-Mail Address (for results): _____