



Cornell University  
 Cooperative Extension  
 Onondaga County

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

Is this individual an employee or a volunteer? *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.

\_\_\_\_ Employee

\_\_\_\_ Volunteer

I, the undersigned, give authorization for **Cornell Cooperative Extension Onondaga County**, 6505 Collamer Road East Syracuse, NY 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. The information will only be used to verify my Motor Vehicle Driving Record.

**PRINT OR TYPE ALL INFORMATION**

Name (as it appears on license): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

State of License?: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Employee or Volunteer

\_\_\_\_\_  
 Date

**RESULTS TO BE RETURNED TO UNDERSIGNED**

CCE Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

County: \_\_\_\_\_