



Cornell University
Cooperative Extension
Ulster County

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ENROLLED VOLUNTEER MOTOR VEHICLE RECORD REQUEST PERMISSION FORM

County requesting check: _____ County

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. I agree that if my license is from a state that does not permit 3rd party access to my driving record it is my responsibility to obtain a current copy of my driving record from the state to complete the MVR check process.

NAME AS IT APPEARS ON LICENSE: _____

ADDRESS: _____

DATE OF BIRTH: _____

STATE OF LICENSE: _____

DRIVER'S LICENSE NUMBER: _____

DATE: _____

SIGNATURE

RESULTS OF CHECK TO BE COMMUNICATED TO UNDERSIGNED (DOES NOT INCLUDE A COPY OF MVR)

CCE AUTHORIZATION SIGNATURE: _____

PRINT NAME _____

EMAIL ADDRESS (for results) _____

12/5/2012; MHCR VESP

Building Strong and Vibrant New York Communities