

## DEPARTMENT OF MOTOR VEHICLE BACKGROUND CHECK AUTHORIZATION FORM

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*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: \_\_\_\_\_ **Jefferson** \_\_\_\_\_

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

\_\_\_\_\_ **Current Employee**

\_\_\_\_\_ **Volunteer**

I, the undersigned, give authorization for **Cornell Cooperative Extension Association of Jefferson County**, 203 N. Hamilton St., Watertown, NY 13601, **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**

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### FORM TO BE RETURNED TO UNDERSIGNED

**CCE Authorization Signature:** \_\_\_\_\_

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

**E-Mail Address (for results):** \_\_\_\_\_