

Motor Vehicle Record (MVR) Authorization Form

I have read and understand the foregoing disclosure, and authorize Cornell Cooperative Extension (CCE) and PW Wood & Son, Inc. as Agent of CCE to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc. This authorization is good until revoked by me in writing. This information will only be used to verify my Motor Vehicle Driving Record.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

County requesting check: _____

Check one:

Employee Consideration _____ If Hired: Please inform the Wood Office

Current Employee _____

Volunteer _____

Name as it appears on license: _____

Date of Birth: _____

State of License: _____

Driver's License Number: _____

Printed Name: _____

Applicant Signature

Date: _____

- By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.

RESULTS OF CHECK TO BE RETURNED TO UNDERSIGNED

CCE Authorized Signature: _____

Print Name: _____

Email Address (for results): _____

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