



Cornell University
Cooperative Extension
Cortland County

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MOTOR VEHICLE RECORD REQUEST PERMISSION FORM

I, the undersigned, give authorization for P. W. Wood and Son, Inc. and Cornell Cooperative Extension Cortland County 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.

Check one:

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

Current Employee _____

Volunteer _____

* PRINT OR TYPE ALL INFORMATION

NAME AS IT APPEARS ON LICENSE: _____

ADDRESS: _____

DATE OF BIRTH: _____

STATE OF LICENSE: _____

DRIVER'S LICENSE NUMBER: _____

I do not plan to drive as a Cornell Cooperative Extension of Cortland County volunteer.

DATE: _____

SIGNATURE: _____

FORM TO BE RETURNED TO UNDERSIGNED

CCE AUTHORIZATION SIGNATURE: _____

PRINT NAME _____

EMAIL ADDRESS (for results) _____