

**MOTOR VEHICLE RECORD REQUEST PERMISSION FORM**

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.

**Check one:**

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

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

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

NAME AS IT APPEARS ON LICENSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STATE OF LICENSE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**FORM TO BE RETURNED TO UNDERSIGNED**

CCE AUTHORIZATION SIGNATURE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

EMAIL ADDRESS (for results) \_\_\_\_\_

Fax signed request to 607-266-9663 or email to [ckimmich@thewoodoffice.com](mailto:ckimmich@thewoodoffice.com)