

PRESBYTERIAN COLLEGE

DRIVER'S LICENSE CHECK CONSENT

I, _____, hereby authorize Presbyterian College and/or its agents to make an independent investigation of my driving history by checking my driver's license record through the Department of Motor Vehicles (DMV). I release Presbyterian College and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

_____ Full Name (Printed)

_____ Maiden Name or Other Names Used _____ Race _____ Sex

_____ Present Address on Driver's License

_____ City _____ State _____ Zip Code

_____ *Date of Birth _____ Social Security Number _____ Driver's License Number _____ State of License

_____ Department Requesting Driver's License Check

_____ Signature _____ Date

Results Reviewed by : _____
Larry P. Mulhall, Director of Campus Police

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Presbyterian College is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.