## **Driver Background Verification Authorization Form**

Date	
Full Logal Namo	
Full Legal Name	
Date of Birth	
Driver's License Number	
State of Issue	
License Expiration Date	
	_
Address	
City	
State	
ZIP Code	
Phone Number	
Email	
Social Security Number	

I authorize the nonprofit organization to obtain my driving record and background information for the purpose of volunteer/employee screening.
I agree and provide my consent
Signature
Date