

BUREAU OF MOTOR VEHICLES RELEASE OF DRIVING RECORD

COUNTY OF PULASKI, INDIANA

AN EQUAL OPPORTUNITY EMPLOYER

Applicant's Name:

Dated:

Applicant's Address:

Applicant's Driver's License Number: _____

Applicant's Social Security Number: _____

Applicant's Telephone Number: _____

I hereby acknowledge that pursuant to Ind. Code 14-3.5-10(11), give the Employer, Pulaski County, my consent to obtain my driver's license records from the State of Indiana. Any and all information obtained will be used only for the purpose of determining potential employment.

Employee's Signature:
