

Lakeland Library Cooperative
Grand Rapids, MI 49534-1134

AUTHORIZATION TO REQUEST DRIVING RECORD HISTORY

Applicant Name (please Print): _____

Address: _____

Telephone: _____

I, _____, hereby authorize the Lakeland Library Cooperative to conduct a driving record background check. I will provide my drivers license number so my driving record can be checked. I understand this is required as driving is required for employment with the Lakeland Library Cooperative. I also release the Lakeland Library Cooperative and any of the persons providing information from any liability or legal claims for making such contact or from using or providing any of the information obtained.

_____ Driver's license number

_____ Date

_____ Applicant's Signature

_____ Date

_____ Witness for Lakeland Library Cooperative