



Consent to Perform Motor Vehicle Records Check

I hereby authorize The City of Brunswick to receive any driver's license information pertaining to me which may be in the files of any Federal, State, or local criminal justice agency.

Full Name Printed _____

Address _____

Sex Race Date of Birth Social Security Number

Drivers License Number State

I _____, certify that all the information on this form is true and complete.

Signature

Date

(Official Signature of Notary)

(Official Seal of Notary)