



To whom it may concern:

I give my permission for the Stevens Center to receive a copy of my North Carolina driver license record for employment purposes.

Name, as it appears on my NC Driver license: \_\_\_\_\_

NCDL /ID# \_\_\_\_\_

DOB \_\_\_\_\_

Social Security Number \_\_\_\_\_

**By signing this form, I further acknowledge understanding that is my responsibility to**  
**(1) immediately notify my supervisor of any moving violations or automobile accidents which occur while I am driving, whether on work or personal time**  
**(2) document such on a level 1 incident report, if it does not qualify as a level 2 or level 3 incident**  
**(3) immediately notify my supervisor of any criminal charges or convictions against me**

Signature \_\_\_\_\_

Date \_\_\_\_\_