



Catholic Charities, Inc.
Motor Vehicle Record Search Consent Form

To be completed by applicant & returned to Director of Human Resources:

I hereby certify that my full, legal name is:

(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is _____
Month Day Year

My driver's license number is _____.

State of Issue: _____ Expiration Date: _____

My current address is:

(Street) (City) (State)

My daytime telephone number is (____) _____.

I hereby authorize Catholic Charities, Inc. to obtain my driver's license record information including my personal information on those records.

(Applicant Signature)

(Date)

Check here if this is not a current KANSAS license.