



Authorization to Check Criminal History and Driving Record

I, the undersigned:

1. Authorize the Department of **State Police**, Central Record Division, to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to Mentor Livingston Inc.
2. Authorize the Mentor Livingston Inc agency to contact **local law enforcement agencies** to determine the existence of any present or past history of criminal activity on my part. The local police departments have my permission to furnish a response to Mentor Livingston Inc.
3. Authorize a Department of Motor Vehicles investigation and criminal history file check by name and furnish a response to Mentor Livingston Inc.
4. Authorize the Mentor Livingston Inc agency to contact any agency or individual to determine the existence of any present or past history of criminal activity on my part and furnish a response to Mentor Livingston Inc.

(Please Print)

NAME: _____
FIRST MIDDLE LAST

ALIAS NAME(S) USED: _____
(INCLUDE PREVIOUS MAIDEN AND/OR MARRIED NAME(S))

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

RACE: _____ SEX: _____

DRIVER'S LICENSE NUMBER: _____

CURRENT ADDRESS: _____
STREET CITY STATE

TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS

PREVIOUS ADDRESS _____
STREET CITY STATE

TIME AT PREVIOUS ADDRESS: _____ YEARS _____ MONTHS

SIGNED: _____ DATE: _____