

# NOCCOA Volunteer Transportation Program

## Release of Information

Legal Full Name (as it appears on your driver's license):

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I understand that by my signature on this form, I am authorizing the performance of 1) a criminal background check performed through the Michigan State Police and 2) a driving record check through the Michigan Department of Secretary of State. I give my permission for these background checks to be conducted by an employee of the North Ottawa County Council on Aging (NOCCOA).

This information will be kept confidential and maintained on file only during my participation in a NOCCOA program.

Have you been issued any traffic citations or been involved in vehicular accidents within the past 3 years?

Please explain:

I am attaching a copy of my automobile proof of insurance and drivers license. My vehicle does have working seatbelts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_