

**Driving Record Investigation Authorization
Glen Rock Volunteer Ambulance Corps**

I do hereby grant permission to the Borough of Glen Rock Police Department to conduct an investigation of my driving record based on the information I have voluntarily furnished to the Glen Rock Volunteer Ambulance Corps, Inc. I further grant permission to conduct continuing periodic driving record investigations as the need arises.

Applicants Name (print) _____

Applicant Signature _____ Date _____

Valid NJ Drivers License Number _____

Expires _____

Please make a photo copy of your license and return it with this form.

GRPD to return to the GRVAC