
Memo

St Cloud State University
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DRIVER'S LICENSE CHECK

By signing below and providing my Driver's License Number, I authorize St. Cloud State University to conduct a pre-employment check of my Driver's License. I understand both the validity and record will be verified for use in determining my eligibility for employment.

Full Name (first, middle, last)

Date of Birth

Driver's License Number

*State

(*If not Minnesota, this authorization will permit St. Cloud State University to obtain this information from the Department of Public Safety.)

Signature

Date