## CITY OF HELEN DRIVER'S LICENSE VALIDATION CONSENT FORM

The City of Helen is an equal opportunity employer and provider.

UNLESS ALL BLANKS ON THIS FORM ARE COMPLETED, NO INFORMATION WILL BE RELEASED. CHANGES, STRIKETHROUGHS, OR WHITEOUT ARE NOT PERMISSABLE.

## THIS AUTHORIZATION FORM WILL EXPIRE 30 DAYS FROM THE DATE OF SIGNATURE.

I hereby authorize the City of Helen to verify if my driver's license is valid:

## **Please print**

LAST	FIRST		MIDDLE	MAIDEN
ADDRESS			CITY, STATE	ZIP
DATE OF BIRTH:		RACE:	SEX:	
DRIVER'S LICENSE NUMBER:			STATE:	
SIGNATURE:			DATE:	
I UNDERSTAND THE				
Request completed by:			_	
THIS PORT	ON TO BE COMI	PLETED BY H	IELEN POLICE DE	PARTMENT
Driver's License is valid	as of:(dat	te)	Initials of Opera	ator:
Drivers License is <b>not</b> v	/alid as of:(dat			