

Grace-Trinity Community Church

1430 West 28th Street
Minneapolis, Minnesota 55408
612 872-8266

DRIVER RECORD CONSENT FORM

NON PROFIT Organization

EIN: 41-1605096

STATE: 2371944

Date _____

The following named individual has made application with our church for _____.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full, please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____
Month/Day/Year

Driver's License Number (optional): _____ **EXP. DATE** _____

I authorize Helland Agency Inc. in Minnetonka, Minnesota to process a driver record check and disclose my driver record information to Grace-Trinity Community Church for the purpose of serving as a volunteer driver for this church.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date