

Joint Screening Committee
For the Legislative Audit Council



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DRIVING RECORD REPORT AUTHORIZATION

Your signature will be held to constitute a waiver of the confidentiality of any information concerning your driving record. Further, you agree and authorize the Joint Legislative Committee to Screen Candidates for College and University Boards of Trustees to do whatever necessary to help obtain such information.

(PLEASE PRINT INFORMATION)

NAME _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

SC DRIVER'S LICENSE # _____

SIGNATURE _____

DATE _____

This form remains valid for the duration of your term of office.