



Acknowledgement of Motor Vehicle Records Form

Student Name: _____

LTC Student ID#: _____

Please select your program from the following list:

- Criminal Justice (10-504-6, 31-504-7)
- EMT-Paramedic (31-531-1)
- Paramedic Technician (10-531-1)
- Fire Medic (10-531-2)

I understand that admission into the program(s) that I have selected above is not a guarantee of employability upon completion/graduation of the program(s), as each hiring jurisdiction applies its own eligibility standards and criteria with respect to Motor Vehicle Records and other background information.

By checking this box, I confirm that I have provided my accurate and valid driver's license number. *DO NOT provide a photocopy of your license.*

License Number: _____

From the State of: _____

Student Signature

Date

Program Counselor Signature

Date