



County of Frederick
Human Resources Department
Authorization to Obtain
Virginia Driving Record

Name : _____ Department: _____

Date of Birth: _____ Driver's License #: _____

Street Address: _____

City: _____ Zip: _____

I hereby authorize the County of Frederick, Virginia, Department of Human Resources to obtain a copy of my driver's record for Employment Purposes only.

Signature: _____ Date: _____