

# RELEASE AUTHORIZATION

## APPLICANT COMPLETE THE FOLLOWING

- I. In connection with my application for, or renewal of, my Ferrum College drivers license, I understand that a copy of information pertaining to my driving record will be requested.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this Release Authorization shall be as valid as the original.
- III. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Ferrum College or its agent, to furnish the information described in Section I.

The following information is required by the DMV, law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

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Please print your full name                      LAST    FIRST    MIDDLE

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Please print other names you have used

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Home Address

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City    State    Zip Code

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Social Security Number    Date of Birth

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Drivers License Number    State Issuing License

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Name as it appears on license

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Signature    Today's Date

**THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!**