



**AUTHORIZATION FOR RELEASE OF DRIVING RECORDS
FROM THE VIRGINIA DEPARTMENT OF MOTOR VEHICLES**

I hereby acknowledge that the City of Portsmouth requires a Virginia Driver's License or a Virginia Commercial Driver's License for the position I am applying for, which I have listed below.

By my signature, I authorize the City of Portsmouth to obtain my driving record from the Virginia Department of Motor Vehicles in order to further consider my application for employment.

Printed Name of Applicant

Signature of Applicant

Date Signed

Applicant's Driver's License Number

Date of Birth

Position Title

Job Code

Position Department