

County of Franklin, Virginia

Department of Public Safety
1488 Franklin Street, Rocky Mount VA 24151
Phone: 540-483-3091 Fax: 540-483-3086
Email: fcpublicsafety@franklincountyva.gov

Criminal History and Driver Record Request

Release of Information Authorization form

Complete all information requested, **sign** and **date**.
Return form by Email, Fax or Mail using the above information.

Name: _____
(Last) (First) (MI)

Social Security # or Driver's License #: _____ Date of Birth: _____

(Current Street Address) (City) (State) (Zip)

Authorization for Release of Information:

In connection with my Volunteer Services Application, I hereby agree to complete *the Release of Information Form*. I also agree to authorize the reporting agency of choice by the County of Franklin, the Virginia DMV, the Virginia State Police or any other law enforcement agency to provide background and driver screening information results to the Franklin County Department of Public Safety.

Date

Signature of Applicant