



County of Franklin, Virginia

50 Claiborne Ave, 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
for Fire & EMS Volunteer Services Applications Only

Please PRINT form

Complete all information requested, sign and date the form.

Return completed form by email, fax or mail using the above information.

Name: _____
(First) _____ (Middle) _____ (Last) _____

SS# 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 with the County of Franklin, Virginia, I hereby agree to complete the Release of Information form. I also agree to authorize the motor vehicle operation background, use the reporting agency of choice by the County of Franklin, the Virginia State Police or any other law enforcement agency to provide background and driver screening information results to Franklin County Fire & EMS.

Full Name (Print)

(If under age 18, Parent or Legal Guardian)

Signature of Applicant

(If under age 18, Parent or Legal Guardian)

Date