



## County of Franklin, Virginia

50 Claiborne Ave, Rocky Mount VA 24151

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Email: [fcpublicsafety@franklincountyva.gov](mailto: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