

COUNTY OF HENRICO

AUTHORIZATION TO OBTAIN DRIVING RECORD
FOR INSURANCE MONITORING PURPOSES
FROM
COMMONWEALTH OF VIRGINIA, DEPARTMENT OF MOTOR
VEHICLES

EMPLOYEE/INTERN/VOLUNTEER NAME: _____

DRIVER'S LICENSE NUMBER: _____

DEPARTMENT/AGENCY: _____

I am an employee/intern/volunteer of Henrico County or Henrico County Public Schools in a position that requires the operation of a county-owned motor vehicle in order to perform the responsibilities of the position.

I authorize Henrico County or Henrico County Public Schools to obtain information pertaining to my driving record from the Commonwealth of Virginia, Department of Motor Vehicles, during the period of my employment in a position that requires the operation of a county-owned motor vehicle in order to perform the responsibilities of the position.

EMPLOYEE/INTERN/VOLUNTEER SIGNATURE: _____

DATE: _____

Information is furnished in accordance with the provisions of the Information Use Agreement and Extranet User Memorandum of Understanding and Agreement between Henrico County on behalf of its Risk Management Division and the Commonwealth of Virginia, Department of Motor Vehicles. This information is necessary to monitor the driving records of employees/interns/volunteers who drive a County/School vehicle to perform their duties; to meet reporting requirements for state and federal laws; for insurance purposes; and/or for statistical reports. To the extent permitted by law, this information will be kept confidential by the County and its vendors.