

ADR Account #: _____



Virgin Island Authorization for
Release of Driving Record (**Employment**)

I, _____ do hereby authorize and allow **American Driving Records, Inc.** acting as an agent on my behalf, to obtain a copy of my driver's license abstract information which will be used for verification of information for Employment purposes.

Please Print

Full Name: _____

License Number: _____

Date of Birth: _____ / _____ / _____

Social Security Number: _____

Reference: _____

Signature: _____