

## CITY OF ALEXANDRIA, VIRGINIA FINANCE DEPARTMENT RISK MANAGEMENT DIVISION

## **AUTHORIZATION TO OBTAIN DRIVING RECORD TRANSCRIPT**

**INSTRUCTIONS:** Sign this authorization granting the Risk Management Division permission to obtain your driving record from and enroll you in the Driver Alert Program of the Department of Motor Vehicles (DMV) in your state. This information will be used to determine your eligibility to operate a City vehicle. To determine your continuing eligibility, the City, through the DMV's Driver Alert Program, will be informed if your driving privileges are suspended, revoked, or disqualified or if you are convicted of DUI or reckless driving. It is unlawful to use the information provided by the DMV for any other purpose than the one stated. The Risk Management Division certifies that the information requested with this form will be used only for the stated purpose.

## **Authorization**

I authorize the Department of Motor Vehicles in my state of residence to furnish, for this one time only, information pertaining to my driving record to the City of Alexandria Risk Management Division. I further authorize the Department of Motor Vehicles in my state of residence to inform the City of Alexandria Risk Management Division if my driving privileges are suspended, revoked, or disqualified or if I am convicted of DUI or reckless driving.

| Employee Signature | Date                   |
|--------------------|------------------------|
| Employee Name      | State of Peridence     |
| Employee Name      | <br>State of Residence |