



**Virgin Islands 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.

Full Name (Please Print): _____

License Number: _____

Date of Birth: ____/____/____

Social Security Number: _____

Reference: _____

Signature: _____