

**Cumberland County Public Schools
P.O. Box 170
Cumberland, Virginia 23040**

Request for Driving Record Information Form

I hereby grant Cumberland County Public Schools Transportation Department permission to acquire my driving record information with the Department of Motor Vehicle.

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Social Security Number: _____ - _____ - _____

OR

Driver's License Number: _____ - _____ - _____

Date of Birth: _____

Signature _____ Date _____