

**ROCKINGHAM COUNTY SCHOOL BOARD**  
**Harrisonburg, Virginia 22802**

**REQUEST FOR DRIVING RECORD**

*2011-2012 School Year*

Date: \_\_\_\_\_

Department of Motor Vehicles  
Driver Licenses and Information Department  
P. O. Box 27412  
Richmond, Virginia 23269

To Whom It May Concern:

Please furnish a copy of driving record for the named subject who wishes to drive a School Board-Owned Vehicle or wishes to transport a Rockingham County School student(s). By signing this request, the named subject understands that his/her signature on this form will give Rockingham County Schools the right to request at anytime a transcript of his/her driving record from the Department of Motor Vehicles.

Name: (please print) \_\_\_\_\_

Check One:                      School Board Employee:                      \_\_\_\_\_  
    Massanutten Tech Employee:                      \_\_\_\_\_  
    R'ham County Government Employee:                      \_\_\_\_\_  
    Substitute Car Driver:                      \_\_\_\_\_  
    Parent/Chaperone:                      \_\_\_\_\_  
    Applicant:                      \_\_\_\_\_

School/Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

Operator License No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_M \_\_\_F

Signature of Employee: \_\_\_\_\_

Requested By:                      Rockingham County School Board  
    1210 North Liberty Street  
    Harrisonburg, Virginia 22802

*(Please return this request to the Transportation Department)*