

## COMMERCIAL DRIVER LICENSE (CDL) STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

**Purpose:** To be used to give authorization to the Virginia Department of Motor Vehicles (DMV) to release commercial driver information to the Virginia Community College System (VCCS) regarding students that trained through a Virginia community college or driver training school (DTS) that has contracted with a Virginia community college.

**Instructions:** Student and an Authorized Representative of the community college or DTS must complete and sign this form prior to requesting commercial driver information.

### REQUEST AND AUTHORIZATION

I request, through a Virginia community college as my representative, DMV to release to the VCCS and Virginia community colleges information relating to my driving record. If a Virginia community college has contracted with DTS to provide CDL training, testing, or both, I request, through a Virginia community college or the DTS as my representative, DMV to release information to the VCCS and Virginia community colleges. This information includes: name, date of birth, CDL number, and date issued to me. I understand that this information may be compiled in reports (CDL test results summaries), and that those summaries will contain the items of information described above. I also understand that this information may be shared by VCCS with the State Council of Higher Education in Virginia (SCHEV) for the purpose of, and in relation to, funding and tracking mechanisms for associated programming.

STUDENT FULL NAME (print)	STUDENT FULL NAME SIGNATURE	
STUDENT VIRGINIA DMV CUSTOMER NUMBER		DATE (mm/dd/yyyy)
COLLEGE OR DTS AUTHORIZED REPRESENTATIVE NAME (print)	COLLEGE OR DTS AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)