

**Virgin Islands Authorization for  
Release of Driving Record (Employment)**

I, \_\_\_\_\_ do hereby authorize and allow  
**SambaSafety, 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: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
city state country

Signature: \_\_\_\_\_