ARKANSAS STATE VEHICLE SAFETY PROGRAM
AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD

STATE AGENCY: DEPARTMENT OF HUMAN SERVICES

AGENCY CODE: 710 / Division of Children & Family Services

AGENCY ADDRESS: DCFS Area _____ County_____

You are hereby authorized to obtain my Traffic Violations Record from the Office of Driver Services as permitted by A.C.A. § 27-50-908. This record will include material normally excluded by A.C.A. § 27-50-802.

Signature of driver appearing below shall constitute consent for the release of such records to the state agency named on this form.

I understand that this authorization to obtain my Traffic Violations Record will remain in effect until my employment or other activities with DCFS have ended

_____	_____	_____
Driver's Name	Date of Birth	Driver's License Number

DRIVER CATEGORY: (Please check one box)

☐ Employee ☐ Job Applicant ☐ Foster Parent ☐ Stipend Student

☐ Volunteer ☐ Other DCFS Affiliate (Specify) _____

Driver's Signature: _____ Date: _____

CERTIFICATION STATEMENT

As the (Check one) ☐ Hiring Official ☐ Supervisor or Designee ☐ Family Service Worker
☐ Program Manager ☐ University Representative

of the above named DCFS affiliated driver I have**:**

Reviewed this form and certify that the above named person has given consent for DHS/DCFS to have access to his or her Traffic Violations Record (TVR) from the Office of Driver's Services as permitted by A.C.A. § 27-50-908.

_____
Certifier's Name (Print)

_____
Certifier's Signature

_____
Date