



Department of Motor Vehicles
P. O. Box 27412
Richmond, VA 23269-0001

Dear Sir or Madam:

The individual who has given the information below has completed an application to become a volunteer with the Colonial CASA Program, Court Appointed Special Advocate. For this reason, CASA is requesting a copy of this individual's driving record as required. Please forward this information to:

Victoria Canady
Colonial CASA
1311 Jamestown Rd., Ste. 201
Williamsburg, VA, VA 23185

If you have any questions regarding this request or need additional information, please contact me at 757-229-3306. Thank you for your time and attention to this matter.

Sincerely,

Victoria Canady
Program Director

Name (please print) _____

SSN or **Driver's License** #: _____

I give my permission for Colonial CASA to receive a copy of my driving record.

Signature

Date