



**AUTHORIZATION FOR RELEASE OF INFORMATION FORM**

**CENTRAL VIRGINIA HEALTH NETWORK**

Please Print in Black Ink or Type:

<b>Social Security #:</b>																				
<b>Date of Birth:</b>			-			-														

<b>First Name (No Nicknames)</b>	<b>Middle Initial</b>
<b>Last Name</b>	<b>Suffix</b>

**Maiden or Other Names Formerly Used**

--

**Date Last Used (Month/Year)**

	-	
--	---	--

**Maiden or Other Names Formerly Used**

--

**Date Last Used (Month/Year)**

	-	
--	---	--

**CIRCLE A RESPONSE TO EACH OF THE FOLLOWING:**

\*Some jurisdictions require this information to process a requested search.

*SEX	*RACE			
Male	African American	Alaskan Native	Hispanic	White
Female	American Indian	Asian (Pacific Islander)	Other-Please Specify:	

**DRIVER'S LICENSE INFORMATION**

For Valid OR Non-Valid Driver's License Complete the Following:

<b>Name as Appears on License:</b>	
<b>Date Issued:</b>	
<b>Expiration Date:</b>	
<b>Issuing State:</b>	
<b>License Number:</b>	

**APPLICANT'S EMAIL ADDRESS**

--

**ADDRESS INFORMATION**

**Current Address:**

<b>Street:</b>																																									
<b>City:</b>																																									
<b>State:</b>																																									
<b>Zip Code:</b>																																									
<b>County:</b>																																									
<b>Country:</b>																																									
<b>Dates Used:</b>	<b>FROM:</b> <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td style="text-align: center;">-</td><td></td><td></td><td style="text-align: center;">-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <b>TO:</b> <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td style="text-align: center;">-</td><td></td><td></td><td style="text-align: center;">-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			-			-																	-			-														
		-			-																																				
		-			-																																				

