

# Motor Vehicles Release Form

Account Number: 16651

DRIVER AUTHORIZATION FOR \_\_\_\_\_ (state)

I, \_\_\_\_\_, do hereby authorize the

Division of Motor Vehicles to release my driving record to

\_\_\_\_\_.

This release shall remain in full force and effect until I, myself file formal withdrawal.

Driver's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Driver's License # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date