

Authorization to Obtain Driver's Motor Vehicle Record

I understand that personal information contained in my MVR is protected by state and federal laws.

The information in my driver record must be used only in the normal course of business and only to verify accuracy of personal information.

I hereby authorize that the personal information in my DMV file may be released as requested and at least annually to _____ at

Exact name on my drivers license (print clearly)

Address _____

Drivers License Number; _____

State Drivers License Issued. _____

Date of Birth; _____

Social Security Number; _____

My signature _____

Date _____