

Driving Record Access Consent Agreement

I, the undersigned, hereby authorize the release of my driving record information to the requesting party for the purposes stated below. I understand that this information is confidential and will only be used for legitimate purposes in accordance with applicable laws and regulations.

Full Name:

Driver's License Number:

State of Issuance:

Date of Birth:

Purpose of Access:

Signature:

Date Signed:

By signing above, I confirm that I have read and understand this agreement, and consent to the release of my driving record information as described.