AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

- **Print or Type ALL Information Legibly.**
- **Complete ALL Information Requested.**

*****NOTICE*****

THIS FORM MUST BE MAINTAINED IN THE OFFICE OF THE REQUESTER FOR *TWO* YEARS AND IS SUBJECT TO DEPARTMENTAL AUDIT WITHOUT PRIOR NOTIFICATION.

A DRIVER INFORMATION

DRIVER NUMBER

DATE OF BIRTH			SOCIAL SECURITY NUMBER
MONTH	DAY	YEAR	

NAME

TELEPHONE NUMBER ( )

ADDRESS

CITY | STATE | ZIP CODE

B PURPOSE

Please provide a brief description concerning the type of information required and the purpose for which it will be used.

REQUIREMENTS FOR RESTORATION

C DRIVER RELEASE

_____ hereby request the Pennsylvania Department
PRINTED NAME OF OPERATOR

of Transportation *to* furnish *to* SAME
PRINTED NAME OF REQUESTER

information regarding my Pennsylvania Driving Record to be used for the purpose indicated in Section B.

X _____ _____
SIGNATURE OF OPERATOR DATE