

## Authorization to Furnish Abstract of Driving Record

TO WHOM IT MAY CONCERN:

I hereby authorize any private or public agency to furnish to any representative of the City/County of \_\_\_\_\_ any and all records, information and evidence in their possession regarding my driving record, and release said persons and agencies from any liability whatsoever for this purpose.

Upon presentation of this authorization, or an exact photocopy thereof, you are directed to permit the review, copying, Photostatting or transmission of such record(s), information or evidence by any representative of said agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name

Other Names Used:

Date(s) Used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers Licenses Number:

State:

\_\_\_\_\_

\_\_\_\_\_