

BUREAU OF MOTOR VEHICLES

NOTARIZED WRITTEN CONSENT RELEASE OF PERSONAL INFORMATION

I,	_, authorize
Full Name	Social Security Number
	rk of Courts Title Offices to release my personal lriver license number) and all other information to
This authorization extends to records pertaining vehicle registration, and Certificate of Title.	ng to my driver license, state identification card
This authorization extends to the release of med YES NO	ical and disability information.
	Signature
The foregoing person came before me on and acknowledged that this consent was	theday of,, voluntary.
	Notary
	Printed Name
	My commission expires: