

Account Number: \_\_\_\_\_

## DISTRICT OF COLUMBIA DRIVER AUTHORIZATION

I, \_\_\_\_\_, do hereby authorize the  
Division of Motor Vehicles to release my driving record to

\_\_\_\_\_.

This release shall remain in full force and effect until I, myself file  
formal withdrawal.

Driver's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date