

# DC Drive Authorization

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

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

Driver's Full Name: \_\_\_\_\_

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

DL#: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date