

MVR RELEASE AUTHORIZATION

TRANSPORTATION DEPARTMENT

I, _____, DO HEREBY AUTHORIZE THE
DIVISION OF DRIVER LICENSING TO RELEASE A FIVE (5) YEAR COPY OF
MY DRIVING RECORD TO THE MORGAN COUNTY BOARD OF EDUCATION.

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

SIGNATURE

DATE

SUBSCRIBED IN MY PRESENCE AND SWORN UNTO ME THIS _____ DAY
OF _____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____