

# *Pennsylvania Driver Authorization*

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

End User Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

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

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

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

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

SSN# \_\_\_\_\_

---

Signature

---

Date