

## Permission to Release Driver Records to Self or Another Person

**Driver License Offices provide only personal driving record information.**

**Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO**

Pursuant to § 42-1-206(1)(b)(II) (7)(a) and (7)(b)(XIII), C.R.S.

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7 Year Driver Record

Full Driver Record

Commercial Driver Record

Other

If you are requesting a copy of a confidential crash (counter) report (Pursuant to § 42-4-1610, C.R.S.), fill out the following.

Confirmation Number

Date of Crash (MM/DD/YY)

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Last Name (Please print)

First Name

I hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to:

Last Name (Please print)

First Name

Check if to self

Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§ 24-72-204, § 42-1-206 (1)(b)(I)).

## Driver

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Driver Date of Birth

Driver License Number

Signature

Date (MM/DD/YY)

Signature of Parent or Guardian if Driver is a Minor

Date (MM/DD/YY)

## Person Receiving Record

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Release Records to: Last Name

First Name

Driver License Number

State

Company (if applicable)

Mailing Street Address

City

State ZIP Code

Email Address

Phone Number

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver license or identification card until the original check is redeemed and an administrative and short check fee are paid.

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil or criminal penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.

Signature of Requestor

Date (MM/DD/YY)