

Date: \_\_\_\_\_, 201\_\_

Florida Department of Highway and Motor Vehicles  
Division of Drivers License  
2900 Apalachee Parkway  
Tallahassee, Florida 32399-0500

**RE: AUTHORIZATION FOR RELEASE OF INFORMATION**  
**SUBJ.: STATUS OF DRIVER PRIVILEGES**

I am presently incarcerated in the Florida Department of Corrections at Marion Correctional Institution. Would you please advise me if there are any outstanding traffic violations in your records and what I need to do in order to have my driving privileges reinstate.

The following information should assist you in your search.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
Fla. DOC #: \_\_\_\_\_ DOC Admission Date: \_\_\_\_\_  
Tentative Release Date: \_\_\_\_\_

I hereby authorize the release of the above requested information.

Under the penalties of perjury I declare that the foregoing statements are true and correct.

Executed this \_\_ day of \_\_\_\_\_, 20\_\_.

Respectfully submitted,

/S/ \_\_\_\_\_  
\_\_\_\_\_  
DC# \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_