

Volunteer DMV Record Release Authorization Form

Please complete this form to authorize the organization to obtain and review your Department of Motor Vehicles (DMV) driving record for volunteer safety and eligibility purposes. This form is designed to be completed and printed.

Volunteer Information

Full Legal Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Date of Birth (MM/DD/YYYY):

Driver's License Number:

State of Issuance:

Organization Information

Name of Organization requesting record:

Organization Contact Person:

Authorization Statement

I hereby authorize the above-named organization to obtain a copy of my Department of Motor Vehicles driving record. This authorization is valid for my entire tenure as a volunteer with the organization, unless revoked by me in writing. I understand that my volunteer eligibility may be contingent upon the review of this record.

By signing below, I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge.

Volunteer Signature (Print and Sign):

Date Signed (MM/DD/YYYY):