

Search Fee \$9.00 Certified fee (additional) \$1.00
<input type="checkbox"/> Certified Record

Permission to Release Driver Records to Self or Another Person

Driver's 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.

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
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I (Please Print Last Name)	First Name
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hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to:

Last Name	First Name	<input type="checkbox"/> Check if to self
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Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206 (1)(b)(I)).

Driver

Driver's Date of Birth	Driver's License Number
Signature	Date
Signature of Parent or Guardian if Driver is a Minor	Date

Person Receiving Record

Release Records to: Last Name	First Name	
Driver's License Number	State	
Company (if applicable)		
Mailing Address		
City	State	ZIP Code

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver's 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 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
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