

# ARKANSAS DRIVER AUTHORIZATION FORM

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

\_\_\_\_\_

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

Driver's full name: \_\_\_\_\_

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

Drivers Lic.: # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date