## **Pennsylvania Release Instructions**

## \*\*\*\* IMPORTANT PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY

\*\*\* Fill out ALL items highlighted YELLOW. DO NOT fill out any other sections.

Section B - MUST be completed completely.

Section B - MUST be the name of the employer/prospective employer. If you are ordering your own driving record, DO NOT list yourself here.

Section C - MUST be completed completely.

Section E - Please fill in the following lines ONLY: Name of Driver, Signature, and Date. Please leave the line "Name of Person/Company" EMPTY.

Leave ALL other sections BLANK. DO NOT TEXT PA RELEASES. IT IS IMPORTANT THAT WE RECEIVE A PERFECTLY CLEAR COPY.

Notarization is NOT required.



## REQUEST FOR DRIVER INFORMATION

## DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (V) ONE ONLY:    FULL HISTORY: \$1						•	:=			
					CERTIFIED DRIVER RECORD: \$36.00 FEE COPY OF DOCUMENT FROM FILE (MICROFILM): \$11.00 FEE					
☐ 10 YEAR DRIVER RECORD: <b>\$11.00 FEE</b> (Employment Purposes Only)						PY OF DOCUMEN	•			
		rivin	iving Record on PennDOT'S website at www.dmv.pa.gov							
—	REQUESTER INFORMATION			B END USER OF INFORMATION BEING REQUESTED						
	NAME/COMPANY		NAN	/IE/CO	MPANY					
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.  CITY STATE ZIP CODE  DAYTIME TELEPHONE NUMBER (REQUIRED)  RELATIONSHIP TO DRIVER (REQUIRED)			ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence						
				CITY STATE ZIP CODE						
				DAYTIME TELEPHONE NUMBER (REQUIRED)						
				RELATIONSHIP TO DRIVER (REQUIRED)						
Ì				D AFFIDAVIT OF INTENDED USE						
	IGNATURE X			Intended Use of the Information Requested: CHECK ONLY ONE						
	NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD			B = Driver Release (Driver must complete Section E.)						
C				C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)						
	AME: LAST FIRST INITIAL			□ C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) □ E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) □ R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.						
	ADDRESS									
	TY									
	STATE ZIP CODE		K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).							
	PHONE NUMBER			L=Attorney representing driver identified in Section C (Driver must complete Section E.)						
ŀ	DATE OF BIRTH DRIVER NUMBER ONTH DAY YEAR		I hereby Certify that							
Ī										
				of the Pennsylvania Vehicle Code, for the purpose checked above only						
E	DRIVER RELEASE			and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this						
	Ihereby request the Department of Transportation to furnish a copy of my PA Driver's Record to			form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.						
_	SIGNATURE OF DRIVER  DATE			SIGNATURE OF REQUESTER						
$\rightarrow$	MICROFILM		_							
	TYPE OF DOCUMENT DATE OF VIOLATION		Ti	tle	SCRIBED AND SWOR	N				
				l	BEFORE ME:	MONTH	DAY	YEAR		
	see list of available documents below)		NOTARIZATION	$\overline{}$						
ŀ	Occuments Available:			SIGNATURE OF PERSON ADMINISTERING OATH						
				SEA						
MESSENGER NO.										