

IF YOUR ATTORNEY OR ANOTHER PARTY INTENDS TO REQUEST INFORMATION ON YOUR BEHALF, PLEASE COMPLETE THE RELEASE AUTHORIZATION SECTION BELOW.

I, _____ / _____
(PLEASE PRINT NAME) (PLEASE SIGN NAME)

hereby authorize the West Virginia Division of Motor Vehicles to release any of my information found within the Division's records to:

(Individual name and Company name, if applicable)

ALL REQUESTORS FOR INFORMATION MUST COMPLETE THE REQUEST FOR DRIVING RECORDS FORM (DMV-101-PS-1) AND THIS FORM (DMV-101-PS-2) OR THE REQUEST WILL NOT BE PROCESSED. THE INDIVIDUAL RELEASED TO RECEIVE INFORMATION MUST INCLUDE A COPY OF THEIR FEDERAL OR STATE GOVERNMENT ISSUED ID OR DRIVERS LICENSE.

PLEASE CHECK APPROPRIATE FEE *

- \$5.00 - DRIVING RECORD WITH DRIVER'S LICENSE NUMBER**
- \$6.00 - DRIVING RECORD WITHOUT DRIVER'S LICENSE NUMBER**
- \$5.00 – MESSAGE FORWARDING SERVICE**
- \$.25 PER PAGE – COPY OF SUSPENSION/REVOICATION/DISQUALIFICATION FILE**

ADMINISTRATIVE HEARING DOCUMENT FEES *

- \$1.50 PER PAGE – COPY OF TRANSCRIPT OF HEARING**
- \$30.00 – COPY OF RECORDED TESTIMONY IN CD FORMAT**
- \$25.00 – COPY OF RECORDED TESTIMONY IN CASSETTE FORMAT**
- \$15.00 – COPY OF VIDEO TAPE SUBMITTED INTO EVIDENCE**

*** A request for certification of documents listed above will require an additional \$1.00 fee per page.**