

**RELEASE AUTHORIZATION**

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. IF THIS FORM (DMV-101-PS-2) IS NOT INCLUDED, DIVISION EMPLOYEES MUST SEND A NOTIFICATION LETTER TO THE PERSON WHOSE INFORMATION HAS BEEN RELEASED. (THIS PROCESS INCLUDES REQUESTS FOR FILES, DRIVING RECORDS, DRIVING HISTORIES AND MEDICAL FILES, EVEN IF THE REQUEST IS MADE BY AN ATTORNEY OR LAW ENFORCEMENT OFFICER)**

**DISCLAIMER**  
**SIGNATURE REQUIRED**

I, \_\_\_\_\_ hereby waive my right to be notified by the Division of Motor Vehicles when my personal information is released to the above listed person or business.

**PLEASE CHECK APPROPRIATE FEE**

- \$5.00 - DRIVING RECORD WITH DRIVER'S LICENSE NUMBER
  - \$5.00 - CERTIFIED DRIVING RECORD WITH DRIVER'S LICENSE NUMBER
  - \$6.00 - DRIVING RECORD WITHOUT DRIVER'S LICENSE NUMBER
  - \$6.00 - CERTIFIED DRIVING RECORD WITHOUT DRIVER'S LICENSE NUMBER
  - \$5.00 - MESSAGE FORWARDING SERVICE
  - \$.25 PER PAGE - COPY OF SUSPENSION/REVOCATION/DISQUALIFICATION FILE
- ADMINISTRATIVE HEARING DOCUMENT FEES**
- \$1.50 PER PAGE - PRODUCTION OF ORIGINAL TRANSCRIPT OF HEARING
  - \$.50 PER PAGE - COPY OF EXISTING 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