



DR 2559 (02/10/17)  
**COLORADO DEPARTMENT OF REVENUE**  
 Division Of Motor Vehicles  
 Driver Control Section, Room 164  
 PO Box 173345  
 Denver, CO 80217-3345  
[www.colorado.gov/revenue](http://www.colorado.gov/revenue)

**Search Fee \$9.00**  
**Certified fee (additional) \$1.00**

## 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.

I (Please Print Last Name)		First Name	
<i>hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to:</i>			
Last Name		First Name	<input type="checkbox"/> Check if to self
<i>Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206 (1)(b)(I)).</i>			
<b>Driver</b>			
Driver's Date of Birth		Driver's License Number	
Signature			Date
Signature of Parent or Guardian if Driver is a Minor			Date
<b>Person Receiving Record</b>			
Release Records to: Last Name		First Name	
Driver's License Number			State
Company (if applicable)			
Mailing Address			
City		State	Zip Code
<p>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.</p> <p>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.</p>			
Signature of Requestor			Date