



OFFICE OF SHERIFF

O'BRIEN COUNTY

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DRIVING RECORD RELEASE FORM

I,

Please Print

Driver's License# _____ Date of Birth _____

hereby authorize _____

Please Print

Date of Birth _____ to receive my driver's license

information from the O'Brien County Sheriff's Office via the Iowa Department of

Transportation telecommunications network.

Signature of Driver's License Holder

Signature of Person Receiving Printed Copy

Date _____

Subscribed and sworn to in my presence this _____ day of _____, 20____.

Notary Public

(seal)