



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**NOTARIZED WRITTEN CONSENT
RELEASE OF PERSONAL INFORMATION**

I, _____, _____ authorize
FULL NAME SOCIAL SECURITY NUMBER

the Ohio Bureau of Motor Vehicles and all Clerk of Courts Title Offices to release my personal information, (name, address, date of birth, and driver license number) and all other information to _____.

This authorization extends to records pertaining to my driver license, state identification card, vehicle registration, and Certificate of Title.

This authorization extends to the release of medical and disability information.

YES NO

SIGNATURE X	DATE
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Sworn to and subscribed in my presence by said Applicant _____
on the _____ day of _____, 20_____.

X _____
NOTARY PUBLIC

(Seal)

My Commission expires: _____