Record holders must approve the release of driver license records or other documents containing personal information. To request such records this form must be completed, signed and notarized or the request will be denied. For a faster and more convenient way to obtain a copy of non-restricted Missouri driver record information visit mydmv.mo.gov/ and select Driver License Services, or visit a local license office. Personal information includes the person's name, address, date of birth, sex, height, weight, eye color, driver license number, social security number, photograph, and telephone number. Non-Personal information may include the person's first and last name, driving history, and zip code.

•		, ,	, , -	ina zip co								
Record Holder's Information	First Name			Middle Initial	Last Name							
	Date of Birth (MM/DD/YYYY) Miss		Misso	ouri Driver License or Social Security Number Daytime Telephone Number						_		
	Mailing Address City		у			State	Zip Code	E-Mail Address				
Driver License Records	□ Driver Record □ Clearance Letter (No Fee Required) □ Image Portfolio (Black and White Photo) □ Temporary Driving Privilege (No Fee Required) □ Other (Specify) □ Other (Specify)											
Mailing & Fax Information	Would you like the requested records to be sent somewhere other than to the record holder's address? Yes No If yes, how would you like it to be sent? Mail (provide alternate mailing address) Fax (add \$0.50 per page faxed; provide fax number) E-mail											
	Name			Agency Name (If Applicable)					x Number			
	Address			City					State	Zip Co	de	
Payment Options and Signature	Records can be obtai transactions. The Miss Central Office, Harry 9	souri Department of	Revenue	may electro	nically r	esubmit chec reet, Jefferso y Debit	ks returned	for insuffici			for credit or debit card s. You may visit us at	
	If you are paying by credit or debit card you must provide the following:											
	Name (as it appears or	Card Number							Expiration Date			
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I authorize the Department of Revenue to send the requested record where I designated above.											
	Record Holder's Signat						ate (MM/DD/YYYY)					
Notary Information	Embosser or black ink rubber stamp seal			Subscribed and sworn before me, this								
				State		County (or	day of ounty (or City of St. Louis)			year My Commission Expires (MM/DD/YYYY)		
				Notary Public Signature								
				Notary Public Name (Typed or Printed)								

DL Record Center P.O. Box 2167

Driver License Bureau

Jefferson City, MO 65105-2167

Phone: (573) 526-2407 **Fax:** (573) 526-7367

Mail to:

E-mail: dlrecords@dor.mo.gov Form 4681 (Revised 09-2022)

Visit dor.mo.gov/driver-license/ for additional information.

