

108 South Shore Blvd. Bastrop, TX. 78602 Phone 512 285-6078 Fax 512 285-6336

Drivers License Request Form

I,	, do hereby authorize the	
	Divisi	on of Motor Vehicles
to release my driving record to		
End User Company Name:		
Address:		
City:	State	Zip
Phone Number	Client ID #	
This release shall remain in full force	e and effect until I, myself file	e formal withdrawal.
Drivers Full Name:		
Date of Birth:	Drivers License Number	
Signature:		_Date:

****WARNING/CONFIDENTIAL****

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender by telephone immediately (512 285-6078). Thank you for your cooperation

IMPORTANT DECISIONS DEMAND ACCURATE INFORMATION www.accuratecredit.com