IF YOUR ATTORNEY OR ANOTHER PARTY INTENDS TO REQUEST INFORMATION ON YOUR BEHALF, PLEASE COMPLETE THE RELEASE AUTHORIZATION SECTION BELOW.	
SS#	
I,	
(PLEASE RPINT NAME)	(PLEASE SIGN NAME)
HEREBY AUTHORIZE THE West Virginia of my information found within the Div	Division of Motor Vehicles to release any vision's records to:
Morgan County Transportation Dept	
(individual name and Company name, if applicable)	
ALL REQUESTORS FOR INFORMATION MUST COMPLETE THE REQUEST FOR DRIVING RECORDS FORM (DMV-101-PS-1) AND THIS FORM (DMV-101-PS-2) OR THE REQUEST WILL NOT BE PROCESSED. THE INDIVIDUAL RELEASED TO RECEIVE INFORMATION MUST INCLUDE A COPY OF THEIR FEDERAL OR STATE GOVERNMENT ISSUED ID OR DRIVERS LICENSE.	
PLEASE CHECK A	APPROPRIATE FEE *
□ \$5.00 – DRIVING RECORD WITH D	
□ \$6.00 DRIVING RECORD WITHOU	
□ \$5.00 – MESSAGE FORWARDING	
\$.25 PER PAGE – COPY OF SUSPER	NSION/REVOCATION/DISQUALIFICATION
ADMINISTRATIVE HEARING FEES	
☐ \$1.50 PER PAGE – COPY OF TRAN	SCRIPT HEARING
□ \$30.00 – COPY OF RECORDED TES	STIMONY IN CD FORMAT
□ \$25.00 – COPY OF RECORDED TES	STIMONY IN CASSETTE FORMAT
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	JBMITTED INTO EVIDENCE
*A request for certification of documen	ts listed above will require an additional
\$1.00 fee per page.	