

Central Services Records Section 555 Wright Way Carson City, Nevada 89711-0250 (775) 684-4590 www.dmvnv.com

## Letter of Authorization to Release Information Authorization not required for your own record

l,	,	hereby	/ aı	utho	orize	e No	eva	da	Dep	oart	me	nt c	f M	otor
Vehicles	s to release information pertaining to	my: (N	RS	48	1.06	53)								
	Driver's License													
	Driver's License Number													
	Registration													
	Vehicle ID Number													
	Title													
	Vehicle ID Number													
	Vehicle Insurance Information													
	Vehicle ID Number													
Per my Name	y authorization, release the above info													
Mailing	g Address													
Owner o	of Record:													
Sig					_ Da	ate:								
Si	Signed and sworn to before me this													
	day of, (20)	)												
Ву	Зу		_											
NO	NOTARY Public or Authorized Nevada DMV Repre	esentativ	- e											