



New Jersey Motor Vehicle Commission

NOTARIZED AUTHORIZATION TO RELEASE PERSONAL MOTOR VEHICLE INFORMATION (Please Print)

I, _____, grant permission to _____ to
(Name of granter) (Name of recipient)
receive my personal driver history record and any other personal motor vehicle information deemed appropriate
for release under the "Drivers' Privacy Protection Act".

Date _____

(Signature of person granting release)

(DL number of person granting release)

Street Address

City State Zip

On this _____ day of _____ 20_____, _____ personally appeared
(Name of granter)
before me and acknowledged that the foregoing authorization was approved and signed by him/her.

Notary Public in and for the County of _____
State _____
My Commission expires _____

This form, when properly completed and signed, will be accepted by the New Jersey Motor Vehicle Commission as satisfactory authorization to release personal motor vehicle information concerning the individual named above to the second party named above.

**THIS FORM WILL NOT BE ACCEPTED UNLESS IT IS ACKNOWLEDGED
BY A NOTARY PUBLIC OR ATTORNEY AT LAW**