



Bob Taft, Governor

Lt. Governor Maureen O'Connor, Director

Franklin R. Caltrider
Registrar, Bureau of Motor Vehicles
1970 West Broad Street
P.O. Box 16520
Columbus, Ohio 43266-0020
(614) 752-7500

- OHIO DEPARTMENT OF PUBLIC SAFETY
• Administration
• Ohio State Highway Patrol
• Bureau of Motor Vehicles
• Emergency Medical Services Division
• Emergency Management Agency

NOTARIZED
WRITTEN CONSENT
RELEASE OF PERSONAL INFORMATION

I, _____, _____ authorize
Full Name Social Security Number

the Ohio Bureau of Motor Vehicles and all Clerk of Courts Title Offices to release my personal information, (name, address, date of birth, and driver license number) and all other information to _____.

This authorization extends to records pertaining to my driver license, state identification card, vehicle registration, and Certificate of Title.

This authorization extends to the release of medical and disability information.

[] YES [] NO

Signature

The foregoing person came before me on the _____ day of _____, _____, and acknowledged that this consent was voluntary.

Notary

Printed Name

My commission expires: _____

Mission Statement

"to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available."