WRITTEN CONSENT FOR RELEASE OF PERSONAL INFORMATION

REQUESTOR'S PERSONAL INFORMATION:	
NAME (PLEASE PRINT):	
DATE OF BIRTH:	
NEBRASKA LICENSE/RECORD NUMBER:	
SOCIAL SECURITY NUMBER:	

I, the undersigned, hereby authorize the Department of Motor Vehicles, Financial Responsibility Division, to fax a copy of the following item(s):

RECIPIENT'S INFORMATION:	
FAX NUMBER:	
ATTENTION TO:	

YOU MUST SIGN THIS CONSENT FORM:	
SIGNATURE:	
DATE:	

This form can be faxed to the DMV at 402-471-8288.