

West Virginia Department of Transportation
Division of Motor Vehicles
Information Release Waiver



1-800-642-9066
www.dmv.wv.gov

A) Requester

Name _____ Daytime Phone () - _____

Address _____
STREET ADDRESS CITY STATE ZIP

B) Requested Recipient of Information

Name(s) _____ Daytime Phone () - _____

Address _____
STREET ADDRESS CITY STATE ZIP

C) Information to Release • Check all information you elect to release.

All vehicle records registered in my name

Driver's license information

I hereby authorize the Division of Motor Vehicles to release or disclose selected information to the aforementioned Individual(s), and furthermore waive any privilege of confidentiality with respect to such information.

Signature of Requestor (X) _____ Date ____/____/____