OHIO BUREAU OF MOTOR VEHICLES

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: _____