

RELEASE FOR DRIVING RECORD & PERSONAL INFORMATION



Instructions:

- *Print clearly, legibly, and complete the entire **Required Section**.*
- *To request a copy of your own driving record complete and sign **Section A**.*
- *To authorize the release of your driving record to another party complete and sign **Section B**.*
- *Enclose a Check or Money order for the appropriate fee, \$5.00 per record*
- ***OR** check here if you would like to pay by credit card (additional \$2.50 service fee for this service). A Driver Services representative will call you to process the fee, so please provide a valid phone number in the "required section" below.*

Note: If you are a government agency or a company requesting an employee's record, you may use form DSFR-11c (Driver History & Privacy Disclosure Release).

Information released will include: name, address, date of birth, driver license information and driver history.

REQUIRED SECTION: MUST COMPLETE THIS ENTIRE SECTION				
Please indicate the type of record you need: <input type="checkbox"/> 3/5 year record or <input type="checkbox"/> 10 year record				
TODAY'S DATE	FULL NAME	BIRTHDATE (mm/dd/yyyy)		
ADDRESS	CITY	STATE	ZIP	
WYOMING DRIVER LICENSE		CONTACT PHONE NUMBER		
SECTION A: I am authorizing the Department to release my record to me and send via (check one):				
<input type="checkbox"/> mail:	ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> fax:	FAX NUMBER			
<input type="checkbox"/> email:	EMAIL ADDRESS			
SIGNATURE OF LICENSEE			DATE	
SECTION B: I am authorizing the Department to release my record to the company or individual listed below and send via (check one):				
COMPANY NAME OR INDIVIDUAL'S NAME				
CONTACT PERSON (if applicable)				
<input type="checkbox"/> mail:	ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> fax:	FAX NUMBER			
<input type="checkbox"/> email:	EMAIL ADDRESS			
SIGNATURE OF LICENSEE			DATE	
<p><i>Authorized recipients are required to maintain information obtained for not less than five (5) years and to make such records available upon request for inspection by the Wyoming Department of Transportation. This release does NOT authorize the recipient to re-sell or re-disclose the information obtained.</i></p>				

Should you have any questions regarding this form, please contact Driver Services at 307-777-4839.

**Mail request to: Wyoming Department of Transportation (WYDOT)
Driver Services/Driving Records
5300 Bishop Boulevard
Cheyenne, WY 82009-3340**