DMV- 101-PS-2
04/01/2010

IF YOUR ATTORNEY OR ANOTHER PARTY INTENDS TO REQUEST INFORMATION ON YOUR BEHALF, PLEASE COMPLETE THE RELEASE AUTHORIZATION SECTION BELOW.

I, _____/_____
(PLEASE PRINT NAME) (PLEASE SIGN NAME)

hereby authorize the West Virginia Division of Motor Vehicles to release any of my information found within the Division's records to:

_____
(Individual name and Company name, if applicable)

ALL REQUESTORS FOR INFORMATION MUST COMPLETE THE REQUEST FOR DRIVING RECORDS FORM (DMV-101-PS-1) AND THIS FORM (DMV-101-PS-2) OR THE REQUEST WILL NOT BE PROCESSED. THE INDIVIDUAL RELEASED TO RECEIVE INFORMATION MUST INCLUDE A COPY OF THEIR FEDERAL OR STATE GOVERNMENT ISSUED ID OR DRIVERS LICENSE.

PLEASE CHECK APPROPRIATE FEE *

Driver's License #

- [x] Fee Waived ~~$5.00~~ **DRIVING RECORD WITH DRIVER'S LICENSE NUMBER**
- [ ] **$6.00 - DRIVING RECORD WITHOUT DRIVER'S LICENSE NUMBER**
- [ ] **$5.00 – MESSAGE FORWARDING SERVICE**
- [ ] **$.25 PER PAGE – COPY OF SUSPENSION/REVOCATION/DISQUALIFICATION FILE**

ADMINISTRATIVE HEARING DOCUMENT FEES *

- [ ] **$1.50 PER PAGE – COPY OF TRANSCRIPT OF HEARING**
- [ ] **$30.00 – COPY OF RECORDED TESTIMONY IN CD FORMAT**
- [ ] **$25.00 – COPY OF RECORDED TESTIMONY IN CASSETTE FORMAT**
- [ ] **$15.00 –COPY OF VIDEO TAPE SUBMITTED INTO EVIDENCE**

* ***A request for certification of documents listed above will require an additional $1.00 fee per page.***