



**Letter of Authorization to Release Information**  
**Authorization not required for your own record**

I, \_\_\_\_\_, hereby authorize Nevada Department of Motor  
Vehicles to release information pertaining to my: (NRS 481.063)

Driver's License

Driver's License Number

Registration

Vehicle ID Number

Title

Vehicle ID Number

Vehicle Insurance Information

Vehicle ID Number

Per my authorization, release the above information to:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner of Record:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, (20 \_\_)

By \_\_\_\_\_

\_\_\_\_\_  
NOTARY Public or Authorized Nevada DMV Representative