



STATE OF ARKANSAS
**Department of Finance
And Administration**

DRIVER SERVICES
Driving Records
Ragland Building, Room 1130
Post Office Box 1272
Little Rock, Arkansas 72203
Phone: (501) 682-7207
Fax: (501) 682-2075
<http://www.state.ar.us/dfa>

ARKANSAS DRIVING RECORDS RELEASE FORM

I, _____ DO HEREBY AUTHORIZE

OFFICE OF DRIVER SERVICES TO RELEASE MY:

- INSURANCE RECORD - \$7.00
 COMMERCIAL RECORD - \$10.00

TO: _____
(NAME)

(ADDRESS)

(CITY, STATE, ZIP)

THIS RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE NEXT FIVE (5) YEARS, UNLESS A FORMAL WITHDRAWAL IS FILED BY ME.

SIGNATURE _____

DATE OF BIRTH _____

ARKANSAS DRIVERS LICENSE # _____

CURRENT DATE _____

THIS FORM MUST BE FILLED OUT IN FULL FOR RECORDS TO BE PROCESSED.

