Record holders must approve the release of driver license records or other documents containing personal information. To request such records this form must be completed, signed and notarized or the request will be denied. For a faster and more convenient way to obtain a copy of non-restricted Missouri driver record information visit mydmv.mo.gov/ and select Driver License Services, or visit a local license office. Personal information includes the person's name, address, date of birth, sex, height, weight, eye color, driver license number, social security number, photograph, and telephone number. Non-Personal information may include the person's first and last name, driving history, and zip code.

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Record Holder's Information	First Name			Middle Initial Last Name							
	Date of Birth (MM/DD/YYYY) Misso			ouri Driver License or Social Securit			y Number	Dayt	me Telephone Number		
	Mailing Address City					State	Zip Code	<i></i>	ail Address		
Driver License Records	□ Driver Record □ Clearance Letter (No Fee Required) □ Image Portfolio (Black and White Photo) □ Temporary Driving Privilege (No Fee Required) □ Other (Specify) □ Other (Specify)										
Mailing & Fax Information	Would you like the requested records to be sent somewhere other than to the record holder's address? Yes No If yes, how would you like it to be sent? Mail (provide alternate mailing address) Fax (add \$0.50 per page faxed; provide fax number) E-mail										
	Name			Agency Nan	ne (If Ap	plicable)		Fax Number ()			
	Address			City					State	State Zip Code	
Payment Options and Signature	transactions. The Miss Central Office, Harry S If you are paying by Name (as it appears on	Central Office Visit Mail Fax credit or debit card a card) perjury, I declare to the contral office to send the re	Revenue Room 47 Cash J d you mu hat the a	may electro 0, 301 West Check V ust provide t	nically runically runicall	esubmit checkreet, Jeffersory Debit Card Card wing: Card I	bks returned on City, Miss Discover	for insuffici	American Express	Mastercard V V ollete, and c	Expiration Date / correct. I authorize the
	Record Holder's Signat						tte (MM/DD/YYYY) / /				
Notary Information				Subscribed and sworn before me, this day of State County (or City of St. Louis) Notary Public Signature					year My Commission Expires (MM/DD/YYYY) / /		
				Notary Public Name (Typed or Printed)							
Mail to	n. Driver License	Rureau		F-m	ail· d	Irecords@	dor mo a	nv.		Form	n 4681 (Revised 09-2022)

DL Record Center P.O. Box 2167

Driver License Bureau

Jefferson City, MO 65105-2167

Phone: (573) 526-2407 Fax: (573) 526-7367

Mail to:

Visit dor.mo.gov/driver-license/ for additional information.

E-mail: <u>dlrecords@dor.mo.gov</u>

