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 <a href="mayler:mydmv.mo.gov/">mydmv.mo.gov/</a> 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.

p0.00	in a mat and last name, arrying mater	y, and zip code.								
	First Name		Middle Initial			Last Name				
۶۲'s ۱										
Record Holder's Information	Date of Birth (MM/DD/YYYY)	late of Birth (MM/DD/YYYY) Missouri Driver License or Social Secu			rity Number Daytime Telephone Number					
			.,	/ Names						
orc		N:				<i>)</i>	<u> </u>			
Sec F	Mailing Address	City		State	Zip Code	E-M	fail Address			
	No Fee Required Fees Required									
Driver License Records	C Classense Letter (Dates)									
	Clearance Letter (Dates)  Temporary Driving Privilege			☐ Image Portfolio (Black and White Photo)						
	Reinstatement Letter			Case History						
	License Issuance History (Dates)			Other (Specify)						
۵	With Hazmat									
Mailing & Fax Information	Would you like the requested records to be sent somewhere other than to the record holder's address?									
	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)									
					Certified					
	Name E-mail						illeu			
	Name	Agency Name (II A	Fax Number							
			(							
	Address	City				State	Zip Code	<b>;</b>		
	Records can be obtained by walk-in, mail-in, fax, or e-mail request. The fee is \$2.82 per record. Requests that are submitted									
Payment Options and Signature	by mail-in, can only submit with a check or money order. You may visit us at central office, Harry S Truman Building, Room									
	470, 301 West High Street, Jefferson City, Missouri.									
gna	If you are paying by credit or debit card you will now be required to pay online for the record(s) requested. Once your request									
S	has been									
anc	processed you will receive an e-mail notification of the amount due. This notification will be sent to the e-mail address provided									
suc	on this form. Once the amount due is paid in full, your record(s) will be released to the e-mail address, mailing address or fax									
ptic	number you provided on this form. A convenience fee will be charged for credit or debit card transactions.									
it O	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I authorize the									
nen	Department of Revenue to send the requested record where I designated above.									
ayr	Record Holder's Signature (Must be signed and dated in the presence of notary.)			Date (MM/DD/YYYY)			/YYYY)			
а.				,			/	/		
Notary Information	Embosser or black ink rubber stamp sea	Subscribed and	d sworn before me, this							
				day	of	year				
		State	County (or	(or City of St. Louis)		My Commission Expires (MM/DD/YYYY)				
						/ /				
		Notary Public Sig								
ary		Trotary r abile of	riolary i ubilo olymature							
Not		N. C. D. L.E. M.								
		Notary Public Na	Notary Public Name (Typed or Printed)							

Mail to: Driver License Bureau

DL Record Center P.O. Box 2167

Jefferson City, MO 65105-2167

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

Form 4681 (Revised 11-2024)

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

E-mail: dlrecords@dor.mo.gov

