

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.

Record Holder's Information	First Name		Middle Initial	Last Name					
	Date of Birth (MM/DD/YYYY) M	issouri Driver License or	Social Securit	Security Number		Daytime Telephone Number			
orm	///					()			
Reco Inf	Mailing Address C	ity		State	Zip Code	E-M	lail Address		
a	No Fee Required Fees Required								
Driver License Records					Driver Record				
	Temporary Driving Privilege			Image Portfolio (Black and White Photo)					
	 Reinstatement Letter License Issuance History (Dates) 		Case History Other (Specify)						
Dri	With Hazmat	L							
	Would you like the requested records to be sent somewhere other than to the record holder's address? Types 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)								
Mailing & Fax Information		🗖 🗠				Certified			
	Name	Agency Name (If A	e (If Applicable) F			Fax Number ()			
	Address	City	City			State Zip Code			
Payment Options and Signature	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 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. 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 has been processed you will receive an e-mail notification of the amount due. This notification will be sent to the e-mail address provided 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 number you provided on this form. A convenience fee will be charged for credit or debit card transactions. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I authorize the								
me	Department of Revenue to send the requested record where I designated above.								
Pay	Record Holder's Signature (Must be signed and da	<i>, , , , , , , , , ,</i>			ate (MM/DD/YYYY)				
						/	/		
Notary Information	Embosser or black ink rubber stamp seal Subscribed and sworn before me, this								
					day of year				
		State	County (or	City of St. I	Louis)	My Con	nmission Expi	res (MM/DD/YYYY)	
							_//		
		Notary Public Signature							
		Notary Public Na	Notary Public Name (Typed or Printed)						
Mail to: Driver License Bureau E-mail: <u>dlrecords@dor.mo.gov</u>								004 (D-1) - 144 005 11	
Mail to	 Driver License Bureau DL Record Center P.O. Box 2167 Jefferson City, MO 65105-2167 		direcords@ mo.gov/dri			lditional inf		681 (Revised 11-2024)	

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

