



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

**DRIVING RECORD ABSTRACT RELEASE**

**Each agency must keep the release on file and the release is valid for five (5) years.**

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Agency Name

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Last Name

First Name

Middle Name

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Date of Birth

Driver's License Number

You are hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by A.C.A. § 27-50-906 and A.C.A. § 27-50-908. This record **shall** include material normally excluded by A.C.A. § 27-50-802.

I understand that this authorization to obtain my Traffic Violation Report will remain in effect for five (5) years unless a formal withdrawal is filed by me.

*Signature of individual appearing below shall constitute consent for the release of such records to the agency named on this form.*

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Driver Signature

Date