



# Kansas Department of Revenue

Motor Vehicle Records (Drivers License and Vehicle Title/Registration records)

3<sup>rd</sup> Party Consent (Please print or type)

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I hereby certify that my name is \_\_\_\_\_  
(First name) (Middle Initial) (Last Name)

I further certify that my date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_, my driver's license number  
is \_\_\_\_\_, my tag number is \_\_\_\_\_, my vehicle identification number  
is \_\_\_\_\_, my current address is:

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(Street) (Apartment/Unit) (City) (State) (Zip)

and my telephone number is \_\_\_\_\_.

I hereby authorize \_\_\_\_\_  
(First name) (Middle Initial) (Last Name)  
to obtain my vehicle registration and/or driver's license record information including my personal  
information on those records.

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(Signature)

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(Date)