Driver Solutions
300 SW 29th Street
PO Box 2021
Topeka KS 66601-2021
Mark A. Burghart, Secretary

Kansas
Department of Revenue
Division of Vehicles

Phone: 785-296-3671
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Laura Kelly, Governor

Driver Services Release Form

Information of Released Party:	
First & Last Name	
Date of Birth	Driver's License Number

Information of Releasor:
First & Last Name

General Release:

☐ I, the above named "Releasor", hereby release the aboved named "Released Party" from any and all liability in regards to the accident that occurred on: _____
(Date of Accident)

Minor Release:

☐ I, the above named "Releasor", as parent or legal guardian, hereby release the aboved named "Released Party" from any and all liability for the minors listed below in regards to the accident that occurred on: _____
(Date of Accident)

Minor #1: _____ _____
First & Last Name — Date of Birth

Minor #2: _____ _____
First & Last Name — Date of Birth

Minor #3: _____ _____
First & Last Name — Date of Birth

Minor #4: _____ _____
First & Last Name — Date of Birth

Signature of Releasor: _____ Date:_____