

Driver Solutions  
300 SW 29th Street  
PO Box 12021  
Topeka KS 66601-2021  
Mark A. Burghart, Secretary



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Laura Kelly, Governor

### Driver Services Release Form

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

<b>Information of Releasor:</b>	
First & Last Name	

#### General Release:

I, the above named "Releasor", hereby release the above 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 above named "Released Party" from any and all liability for the minors listed below in regard 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: \_\_\_\_\_