

# Kansas 3<sup>rd</sup> Party Consent Form

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

Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Birthdate \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(MMDDYYYY)

Driver's License Number \_\_\_\_\_

Tag Number \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

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.

\_\_\_\_\_  
Signature (Date)