

# Motor Vehicle Record Release & Authorization Form

**Attention:** Wisconsin Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my employer and its insurance agent, whose names and addresses are as follows:

**Employer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Agent:** Johannesen-Farrar, Inc.  
512 E. Walworth Avenue  
P.O. Box 347  
Delavan, WI 53115

This authorization shall continue in effect until revoked by the undersigned in a future written request.

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Driver License #:** \_\_\_\_\_

**State Licensed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Thank you for doing business with Johannesen-Farrar, Inc.*



512 E. Walworth Avenue  
P.O. Box 347  
Delavan, WI 53115  
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Fax: (262)728-2312  
Email: [office@jfinsurance.com](mailto:office@jfinsurance.com)