

## Release From Incarceration Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Violation: \_\_\_\_\_

Violation Date: \_\_\_\_\_ Incarceration Date: \_\_\_\_\_

Release Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Name and Title of Person Signing  
Release: \_\_\_\_\_

Signature of Person Signing  
Release: \_\_\_\_\_

Telephone Number of Person Signing:  
Release: \_\_\_\_\_

Name of Person in Charge of Correctional Facility: \_\_\_\_\_

Telephone Number of Person in Charge of Facility: \_\_\_\_\_

(For D.H.S.M.V. Use Only)

Date Mailed or Faxed to D.H.S.M.V.: \_\_\_\_\_

Examiner's Name: \_\_\_\_\_ Office Number: \_\_\_\_\_

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Tallahassee, Florida 32399-0580  
Fax Number (850) 617-3939