

Release from Incarceration

Please submit this form to your local tax collector office or driver license service center

<http://www.flhsmv.gov/offices/>

Name: _____

Street Address: _____

Sex: _____ Date of Birth: _____ Driver License Number: _____

Violation/Offense: _____

Violation/Offense Date: _____ Conviction Date: _____

Incarceration Date: _____

(Must be on or after conviction date)

Release Date: _____

(Must be on or after conviction date or incarceration date and/or credit for time served)

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 FLHSMV Use Only)

Date Mailed or Faxed to FLHSMV: _____

Examiner's Name: _____ Office Number: _____

Florida Department of Highway Safety and Motor Vehicles

Neil Kirkman Building, Room A325, Mail Stop 87

2900 Apalachee Parkway

Tallahassee, Florida 32399-0580

Fax Number (850) 617-3939