



Release From Incarceration Form

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 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