

Kansas 3rd 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)