

**VOLUNTEER'S NAME**  
**ADDRESS**

**(DATE)**

Maryland Department of Transportation  
Motor Vehicle Administration  
6601 Ritchie Highway, N.E.  
Glen Burnie, Maryland 21062  
ATTN.: Records

Re: VOLUNTEER'S NAME  
DATE OF BIRTH  
SOUNDEX NUMBER

Dear Clerk:

I, (VOLUNTEER'S NAME), authorize, (**SPEP STAFF PERSON'S NAME**)  
to obtain on my behalf, my complete driving record.

Please feel free to call me should you have any questions.  
Thank you for your assistance.

Very truly yours,

(VOLUNTEER'S NAME)  
(PHONE NUMBER)