

NOTICE OF RELEASE OF INFORMATION

This is to inform you that I have read this Notice of Release of Information and fully understand that any information given may be used to obtain from the State Motor Vehicle Division and the National Driver Register, a Resume of my driving record, if any.

I also understand that if I volunteer my Social Security Number, that it may be used to identify me in order to retrieve my driving record, and may become a part of my record in the State Motor Vehicle Division.

I permit you to use any information given to retrieve my driving record from the State Motor Vehicle Division of National Driver Register.

I have had (No; Less than 3; More than 3) traffic violations in the past two years.

Signature

Date

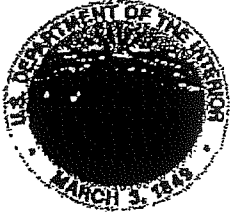
Full Name _____

Social Security No. _____

Driver License No. _____

Issuing State _____

Date of Expiration _____



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
Great Plains Regional Office
115 Fourth Avenue S.E.
Aberdeen, South Dakota 57401



IN REPLY REFER TO:
DESCRM
MC-208

ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING

I, _____ hereby acknowledge receipt and understanding
(Printed name)

of the Motor Vehicle Operation Policy of May 3, 2006.

(Signature)

(Date)