



# RELEASE FORM FROM THE PARENT/GUARDIAN OF A MINOR

## SUSPENDED DRIVER'S PERSONAL INFORMATION (Please Print):

Last Name		First Name		Middle Initial	Suffix (Jr., Sr., 2 <sup>nd</sup> , 3 <sup>rd</sup> )
Current Mailing Address Required (Street or PO Box)			City	State	Zip Code
<b>DATE OF BIRTH</b>			<b>DRIVER'S LICENSE NUMBER</b>	<b>SOCIAL SECURITY NUMBER (OPTIONAL)</b>	
Month	Day	Year			

<b>DATE OF LOSS / ACCIDENT</b>			<b>LOCATION OF LOSS / ACCIDENT</b>		
Month	Day	Year			

## TERMS OF RELEASE:

For valuable consideration received, the undersigned, being the parents or legal guardian of the minor child named below, hereby releases and forever discharges the suspended driver for all claims (property damages and/or personal injuries) and/or causes of action arising from the motor vehicle accident listed above.

Name of minor:			
Relationship to minor (mother, father, guardian, etc.):			
Release to include (circle applicable):	Damage	Injury	Both
Date payment received:			

## SIGNATURE BELOW MUST BE EITHER WITNESSED OR NOTARIZED:

<b>Other Party (individual, insurance company, attorney, etc.) Signature:</b>		
<b>Witness Signature (Must be a non-interested party):</b>		<b>Date:</b>

### Notary:

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
Name of other party or representative

\_\_\_\_\_  
Notary Public Signature

↑Affix seal here↑

**Note: Release is VOID unless all signatures are either witnessed or notarized.**

**RETURN TO:** Department of Motor Vehicles  
Financial Responsibility Division  
P.O. Box 94877  
Lincoln, Nebraska 68509-4877

Phone: (402) 471-3985  
Fax: (402) 471-8288

DMV Web Site: <http://www.dmv.state.ne.us>