

Division of Motorist Services  
2900 Apalachee Parkway  
Tallahassee, Florida 32399  
www.flhsmv.gov



Terry L. Rhodes  
Executive Director

Robert Kynoch  
Division Director

## 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: \_\_\_\_\_

Department of Highway Safety and Motor Vehicles  
Neil Kirkman Building, Room A325, Mail Stop 87  
2900 Apalachee Parkway  
Tallahassee, Florida 32399-0580  
Fax Number (850) 617-3939