

Placer County Department of Child Support Services Driver's License Request Form

Date:

Case Number

To request the release of your driver's license, complete the form below and submit by e-mail, fax or first class mail.

I would like to request the release of my driver's license for the following reasons:

***Current information required**

Phone Number

*Current phone number or contact number required for call back.

Name

Address

City State Zip Code

Employer

Address

City State Zip Code

Driver's License Number

Your request will be forwarded and reviewed by a caseworker. If you have any further questions, please call this office at 866/901-3212.

Fax: 916-435-5749

Mail: Placer County DCSS
1000 Sunset Blvd. #200
Rocklin, CA 95765