

TO:
DEPARTMENT OF PUBLIC SAFETY
SAFETY RESPONSIBILITY
PO BOX 15999
AUSTIN, TX 78761-5999

IF FORM SR-11 IS FILED AFTER THE DRIVER LICENSE
IS SUSPENDED, A \$100.00 REINSTATEMENT FEE WILL
BE REQUIRED TO COMPLETE COMPLIANCE.

RELEASE

CASE NO. _____

THE UNDERSIGNED HEREBY CERTIFIES
that he/she is of the age of 18 years or over and that he/she has released

(Type or print name, address, date of birth, and driver's license number of person released.)
from all claims and causes of action or judgments arising from an accident which occurred on _____, _____,
(Year)
at or near _____, Texas, and authorizes the Safety Responsibility Division of the Texas
Department of Public Safety to accept this certification as satisfactory evidence of such release from liability or satisfaction
of judgments as required by the Texas Motor Vehicle Safety Responsibility Act. (Texas Transportation Code, Section
601.162(a)(3)(A)).

Date _____, _____
(Year) Signature of person giving release

Subscribed and sworn to before me this _____, day of _____, _____
(Year)

Notary Public in and for _____
County, Texas

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