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

RELEASE

that he/she is of the age of 18 years or over and that he/she has released

__________________________________________

(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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Notary Public in and for ______________________
County, Texas

SR-11 (Rev. 9/99)