



South Carolina Department of Motor Vehicles
RELEASE OF FINANCIAL RESPONSIBILITY

FR-202
(Rev. 01/2020)

RELEASE
MOTOR VEHICLE
FINANCIAL
RESPONSIBILITY

Accident/Collision Case No.: _____

Date of Collision: _____

Location/County: _____

Drivers Involved: _____

I, _____, certify under penalty of perjury that I am 18 years of age or older and that I have released the below from all claims and causes of action arising from the above described collision. I authorize the South Carolina Department of Motor Vehicles to accept this certification as satisfactory evidence of this release from liability as required by the South Carolina Motor Vehicle Financial Responsibility Act.

Name of Person Release

Date of Birth

Address of Person Release

Driver License No.

Signature of Person Giving Release or Subrogee for Insured

Date