



South Carolina Department of Motor Vehicles
RELEASE OF FINANCIAL RESPONSIBILITY

FR-202
(Rev. 8-03)

RELEASE
MOTOR VEHICLE
FINANCIAL
RESPONSIBILITY

Accident Case No.: _____

Date of Accident: _____

Location/County: _____

Drivers: _____

I, _____, certify that I am 18 years of age or older and that I have released the following from all claims and causes of action arising from the above described accident. 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 and Address of Person Released Date of Birth/Driver License No.

Signature of Person Giving Release or Subrogee for Insured Date

State of _____

County of _____

Before me, _____, Notary Public in and for said county and state, appeared on this day, _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes therein expressed.

Given under my hand and Seal of Office this _____ day of

Month Year

Signature of Notary Public

Notary Public for State of _____

My commission Expires _____