



South Carolina Department of Motor Vehicles
RELEASE ON BEHALF OF A MINOR
(Motor Vehicle Financial Responsibility Act)

FR-202A
(Est. 8-03)

To: S.C. DEPARTMENT OF MOTOR VEHICLES
FINANCIAL RESPONSIBILITY
P.O. BOX 1498
BLYTHEWOOD SC 29016-0040

The following must be completed to the best of your ability

Accident Case No: _____

Date of Accident: _____

Location/County: _____

Name of Driver(s): _____

The undersigned, _____
(Type or Print Name of Person Signing Release)

hereby certifies that he/she is the natural/legal parent/guardian of:

(Type or Print Name and Address of Injured or Damaged Minor)

a minor _____ years of age, and that he/she has released

(Type or Print Name and Address of Person Released) (Driver License Number/Date of Birth)

from all causes of action of the undersigned, individually and as natural or legal guardian of said minor, arising from the above described accident, and authorizes the S.C. Department of Motor Vehicles to accept this certification as satisfactory evidence of such release from liability as required by the S.C. Motor Vehicle Financial Responsibility Act.

Date: _____

Signature of Insurance Representative

Please Note: If this claim is being handled by your insurance company, you are not authorized to sign this release form.

(Signature of Natural/Legal Parent/Guardian Giving Release)

(Signature of Injured or Damaged Minor)

State of _____

County of _____

Being duly sworn and under oath, _____, as guardian personally appeared before me, _____, the undersigned notary public and acknowledged that the foregoing release was executed by him/her individually.

Sworn to me this _____ day of _____, 20____.

Signature of Notary Public

My commission expires _____