



Administrative Driver's License Revocation Office ("ADLRO")

American Savings Bank Tower
1001 Bishop Street, Suite 500
Honolulu, Hawai'i 96813
Telephone: (808) 534-6800 / Fax: (808) 534-6888
Toll Free Number: 1-866-826-5656
Website: www.courts.state.hi.us/courts/administrative/adlro.html

**NOTICE OF REPRESENTATION AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

Respondent's Name: _____ **Please type**
Last Four Digits of SSN: _____ **or print all**
Case Number: _____ **information.**
Date of Arrest: _____
Today's Date: _____

I, the above-named Respondent, have retained the following attorney to represent me in all matters relating to the above-referenced case.

Attorney's Name: _____
Address: _____
Phone Number: _____

I authorize ADLRO to furnish my attorney, or my attorney's authorized representative, with any information, reports, or copies of records, including protected health information, which may be requested by my attorney. I understand that protected health information may include information related to treatment for alcohol and drug abuse. I understand that this authorization remains valid until revoked by me in writing.*

Respondent's Signature

Signature of Parent or Legal Guardian If Respondent Is a Minor

Print Name and Relationship of Parent or Legal Guardian to Respondent

* Records maintained by ADLRO constitute public records and may be made available for public inspection.