

CONSENT TO RELEASE RECORD(S)

DRIVER NAME: _____ DL#: _____ DOB: _____
(AS SHOWN ON LICENSE)

By signing below, I voluntarily give consent to the Oklahoma Department of Public Safety or any Motor License Agent to release the following record(s), including personal information within my driver license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, corporation or legal entity:

Release Record/Information to: _____

___ MVR Summary; _____

___ Other Record (SPECIFY): _____

(DRIVER'S SIGNATURE OF CONSENT)

(DATE) (SIGNATURE OF RECIPIENT OF RECORD)

(ADDRESS OF RECIPIENT OF RECORD)

NOTICE.- As required by the Federal Driver Privacy Protection Act (DPPA), 18 U. S.C. Section 2721, the Oklahoma Department of Public, Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; **OR** unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws- or, unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to others specified.

---THIS FORM & PHOTO ID REQUIRED TO OBTAIN RECORD ----