

Federal Drivers Privacy Protection Act

For OUT OF STATE drivers license request, please have your client fill out and attach to your request. All Consent forms **MUST** be notarized.

General Consent for Release of Personal Information

I, _____ (printed name of motorist), authorize the _____ (name of agency releasing information) to disclose or otherwise make available to my attorney, _____ (name of attorney), personal and highly restricted personal information including identifying information, photographs, images, social security number, driver identification number, name, address, telephone number, medical and disability information about me in connection to my motor vehicle operator's permit, motor vehicle title, motor vehicle registration, driver safety record, and identification card issued by a department of motor vehicles.

Signature of Driver

Date

Drivers License Number

State

County of _____, State of _____

Sworn and subscribed before me this day by _____.

Date: _____

(Official Seal)

Official Signature of Notary

Notary's Printed or Typed Name

My Commission expires: _____