## State of Oklahoma Department of Public Safety RECORDS REQUEST AND CONSENT TO RELEASE

## **Form Instructions**

Please fill out completely all applicable portions of the Records Request and Consent to Release form.

Mail the form and all applicable fees, using one of the forms of payment listed at the bottom of the form, to:

Department of Public Safety Records Management Division P.O. Box 11415 Oklahoma City, OK 73136-0415

You may include a stamped self-addressed envelope, but it is not required. If you require an expedited return of your driving record (MVR), collision report, or other documents, you may provide the Department of Public Safety with a prepaid United States Postal Service (USPS) or Federal Express (FedEx) return envelope. The Department can not process United Parcel Service (UPS) return envelopes; a UPS return envelope will not be used. The Department will not mail documents C.O.D.

You may also present the completed form and fees at the Department of Public Safety, 3600 North Martin Luther King Avenue (corner of Northeast 36<sup>th</sup> and Martin Luther King Avenue).

To obtain a regular driving record summary (Motor Vehicle Report, or MVR), you may present the completed form and the \$25 fee at any motor license agency in the state. A certified copy is only available from DPS.

To preserve your rights and privacy under the Driver's Privacy Protection Act, 18 U.S.C., Sections 2721 through 2725:

Requests for records can not be made by telephone or e-mail. Records can not be faxed or e-mailed

## State of Oklahoma Department of Public Safety RECORDS REQUEST and CONSENT TO RELEASE

I hereby request the following driver record(s):		Per Record Fee Regular Certified	
Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state	law limits this summary to three years]	\$25.00	\$28.00
Collision Report. Provide Date: City/County		\$ 7.00	\$10.00
Other Record(s) [please be specific]		\$ 0.25	\$ 3.25
related to:			
Name:			
Driver License Number:	Date of Birth:		
Check the following applicable statement:			
I am the person named in the record(s) sought.	I am requesting the record(s) of a	nother person.	
If you are not the person named in the record(s) sought, provide the reason( person [please check all that apply. If none of these reasons apply, you must	s) you are entitled to this record without t have the named person sign the Conse	it approval of t ent to Release b	he named elow.]:
Business: To verify the accuracy of personal information submitted by the correct information for the purpose of preventing fraud or recovering the correct preventing fraud or recovering	the individual. If the information submiting on a debt or security interest against the	ted is not correc e individual	t, to obtain
Legal: For use in connection with any court, agency or self-regulatory panticipation of litigation, and the execution or enforcement of judgmen	proceeding, including the service of proce ts or orders , or pursuant to an order of ar	ess, investigation	n in
Licensed Private Investigative Agency, Licensed Security Service: For	any purpose pursuant to 18 U.S.C. §2721	, subsection (b)	)
Insurer, Insurance Support Organization, Self-insured Entity: For claim	ns investigation activities, antifraud activi	ties, rating or ur	nderwriting
Toll Transportation Facilities: For operation of facilities or for use in particular terms of the second se	roviding notice to the owners of towed or	impounded veh	nicles.
Court, Law Enforcement Agency, Other Government Agency: For use	in carrying out official functions		
Research Activities and Statistical Reports. Personal information shall	not be published, redisclosed, or used to	contact individu	uals
Other Matters: Driver safety; motor vehicle safety, theft, emissions, pro market/survey research; removal of non-owner records from records of under the laws of the State of Oklahoma related to the operation of a m	motor vehicle manufacturers; any other u	rformance moni ise specifically a	toring, authorized
CONSENT TO RELEASE by Person Named in Request [if none of the reason	ons above apply, consent to release is requ	uired]	
Printed Name of Person Named in Request	Signature of Person Named in Request		
By signing above, I voluntarily give consent to the Department of Public Safety to the person making this Records Request. I understand, as required by the Fee the Department of Public Safety or any Motor License Agency will not release p waiving my right to privacy under the DPPA; <b>OR</b> , unless the Department is required above.	deral Driver Privacy Protection Act (DPP personal information from my driving rec	A), 18 U.S.C. S ord unless I con	ection 2721, sent by
AFFIRMATION of Person Making Request			
Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested or at the consent of the named person. I understand the personal information fu released to me only for the reason I have indicated above or at the consent of the information to any unauthorized person or entity or to be used for any unauthorized	rnished is confidential under Federal and e named person, and that it is unlawful fo	State laws and i	is being
Printed Name of Person Making Request	Signature of Person Making Request		
Print Name of Company (if applicable)	Date		
Address City	State	Zi	ip
Mail completed form along with appropriate fees to: Department of Public Safety Records Management Division P. O. Box 11415 Oklahoma City, OK 73136-0415	Fees are listed above. Please send total amount due in form of Cashier's Check, Money Order, Pers Cash is accepted only when paying in p Record fees are in accordance with Okl	sonal or Busines person.	