

**RECORDS REQUEST & CONSENT TO RELEASE**

I hereby request the following driver record(s):

- Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years]
- Collision Report. Provide Date: \_\_\_\_\_ City/County \_\_\_\_\_
- Other Driving Record(s) (please specify record by type and date): \_\_\_\_\_

[For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health]

for:  
Driver's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Check the following applicable statement:

- I am the person named in the record(s) sought.
- I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below:

1.  Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
2.  Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
3.  Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †
4.  Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating or underwriting activities †
5.  Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6.  Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
7.  Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety

Statutory citation: \_\_\_\_\_

**CONSENT TO RELEASE by Person Named in Request** [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

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 or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

**AFFIRMATION of Person Making Request**

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Oklahoma Department of Public Safety and OK.gov from any and all liability and penalties associated with my or my successor, or assignees' wrongful use and/or release of such information.

Mona M. Rogers  
Printed Name of Person Making Request

Mona Rogers  
Signature of Person Making Request

Consolidated Security Consultants, Inc.  
† Print Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above)

Date \_\_\_\_\_ mm/dd/yyyy

P. O. Box 12067 Oklahoma City  
Address City

OK 73157  
State Zip



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, Personal or Business Check  
Cash is accepted only when paying in person.  
Record fees are in accordance with Oklahoma Statutes.