

RECORDS REQUEST & CONSENT TO RELEASE
[Licensed Operator Use Only]



INDIVIDUAL REQUEST (fill out entire form):

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

Record Fee
\$25.00

I hereby request an Oklahoma driving record summary (Motor Vehicle Report, or MVR) for:

Driver's Name	Sex	Driver License Number	Date of Birth
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For MULTIPLE REQUESTS, check the following box and begin filling out the form here.

- ☐ 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 Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †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 †

CONSENT TO RELEASE by Person Named in Request [consent to release is required if none of the reasons above apply. 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
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By signing above, I voluntarily give consent to Service Oklahoma 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., Service Oklahoma 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 Service Oklahoma 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 hold harmless both the Service Oklahoma and OK.gov from all liability and penalties associated with me or my successor or assignees' wrongful use and/or release of such information.

Printed Name of Person Making Request Mona M. Rogers	Signature of Person Making Request
† Print Agency/Company Name (if items 1, 3, 4, 5, or 6 was checked above) Consolidated Security Consultants, Inc.	Date
Address P.O. Box 12067	City, State Zip Oklahoma City, OK 73157

MOTOR LICENSE AGENCY USE ONLY

Printed Name of Licensed Operator or employee	Signature of Licensed Operator or employee
Motor License Agency Name	Licensed Operator Number