

Indiv 0001

**CONSENT TO RELEASE RECORD(S)
SERVICES: 6-9**

DRIVER

DRIVER NAME: _____ DL NO. _____ DOB ____/____/____

By signing below, I voluntarily give consent to the Mississippi Department of Public Safety 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, their agents and employees, to the following person, company, corporation or legal entity:

RELEASE RECORDS/INFORMATION TO _____

_____ MVR Summary

_____ Other Record (SPECIFY) _____

(DRIVER'S SIGNATURE OF CONSENT)

**STATE OF MISSISSIPPI
COUNTY OF _____**

PERSONALLY appeared before me, the undersigned authority in and for the county and state aforesaid, the within named _____, who states upon his/her oath and personal knowledge that all matters, facts and things set forth in the above and foregoing document are true and correct as therein stated.

(DRIVER'S SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 20____

(MY COMMISSION EXPIRES)

(NOTARY PUBLIC)

RECIPIENT INFORMATION

(DATE)

RECIPIENT OF RECORD(S) PLEASE PRINT

ADDRESS OF RECIPIENT

_____, _____, _____
CITY STATE ZIP CODE

NOTICE: *As required by the Federal Driver Protection Act(DPPA), 18 U.S.C. Section 2721, the Mississippi Department of Public Safety 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.*

SEND ALL CORRESPONDANCES TO:

**MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
MVR- DRIVER RECORDS
P.O. BOX 958
JACKSON, MISSISSIPPI 39205**

**MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
DRIVER RECORDS REQUEST**

DPPA-3
DRIVER SERVICES POLICY: 6-9(A)

DRIVER NAME: _____ DL NO. _____ DOB: ____/____/____
(PLEASE PRINT)

I HEREBY REQUEST THE FOLLOWING RECORDS RELATING TO THE ABOVE NAMED PERSON:

Record Requested: _____ MVR Summary
_____ Other Record (Must Be Specified) _____

CHECK THE FOLLOWING APPLICABLE STATEMENT:

- _____ I am the person name in the record sought.
Type ID Shown _____ Authorized Agent _____
- _____ I am requesting the information on behalf of the current owner (written authorization from record owner required).
- _____ The information is to be used by a legitimate business or its agents, employees or contractors for use in the normal course of business **ONLY**:
 - a. To verify the accuracy of personal information submitted by the individual to the business or its agent, employees.
 - b. If such information as submitted is not correct, or no longer correct, to obtain the correct information for the sole purpose of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against the individual.
- _____ The information is to be used in conjunction with a civil, criminal, administrative or arbitral proceeding in a federal, state or local court or agency or before any self-regulation body, including service of process, investigation in anticipation of litigation and the execution or enforcement of a judgment or order, or pursuant to an order of any court.
- _____ The information is to be used by an insurer or insurance support organization, or by a self-insured entity, or its agents, employees or contractors in connection with the claims investigation activities, anti-fraud activities, rating or underwriting.
- _____ I represent a license private investigative agency or licensed security service and the information will be utilized for one of the above listed permitted purposes.
- _____ For use by an employer or its agency or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the **Commercial Motor Vehicle Safety Act of 1986 (49 U.S.C. App. 2710, et seq.)**.
- _____ For use in connection with the operation of private toll transportation facilities.
- _____ For use by a government agency, court or law enforcement agency in carrying out its functions.
- _____ For use in connection with matters of motor vehicle or driver safety and theft, motor vehicle omissions, recalls, performance monitoring and the like.
- _____ For use in the normal course of business by a legitimate business to verify accuracy of personal information submitted by the individual to the business and if the information is incorrect, to obtain the correct information, but, only for fraud prevention or recovering debts from the individual.
- _____ For use in connection with any civil, criminal or administrative proceeding in any federal, state, or local court or agency for service of process or enforcement of judgment.
- _____ For use in research activities so long as the personal information is not published, redisclosed or used to contact the individual.
- _____ For use by an insurance company for claims investigation, rating or underwriting.
- _____ For use in notifying owners of towed or impound vehicles.
- _____ For use by any licensed private investigator for any purpose permitted under the DDPA.
- _____ For use by an employer to obtain or verify information relating to the holder of a commercial driver license.
- _____ For use in connection with the operation of private toll transportation facilities.
- _____ For any other use authorized by state law, if the use relates to motor vehicle operation or public safety.

I understand the personal information furnished is confidential under Federal and State Law and is being released to me only for the reason I have indicated above and that it is unlawful for me to furnish the information to an unauthorized person or entity.

Print Name of Individual: _____ Signature: _____ Date: ____/____/____

Representing
Print Name of Company: _____ Address: _____

City _____ State: _____

**MS DEPARTMENT OF PUBLIC SAFETY
DRIVER RECORDS – MVR
P.O. BOX 958
JACKSON, MISSISSIPPI 39205**