

RECORDS REQUEST & CONSENT TO RELEASE

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



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]:

Per Record Fee	
Regular	Certified
\$25.00	\$28.00
\$7.00	\$10.00
Per Page Fee	Per Certified Record Fee
\$0.25	\$3.00

Total fee due is cost per line

for:

Driver's Name	Sex	Driver License Number	Date of Birth
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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.

- Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
- 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.
- Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †
- Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating, or underwriting activities †
- Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. § 2721, subsection (b) †
- Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
- 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 [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 held harmless both the Service Oklahoma 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.

Printed Name of Person Making Request	Signature of Person Making Request
†Print Agency/Company Name (if items 1, 3, 4, 5, or 6 was checked above)	Date
Address	City, State Zip

Mail completed form along with appropriate fees to:

Service Oklahoma
 Records Management Division
 PO Box 11415
 Oklahoma City, OK 73136-0415

Fees are listed above.

Please send total amount due in form of Cashier's Check, Money Order, or Business Check.
 Cash is accepted only when paying in person.
 Record fees are in accordance with Oklahoma Statutes.