

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

	Per Record Fee	
I hereby request the following driver record(s):	Regular	Certified
<input checked="" type="checkbox"/> Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years]		
If postmarked or requested in person before July 1, 2010, the fee is	\$10.00	\$13.00
If postmarked or requested in person on or after July 1, 2010, the fee is	\$25.00	\$28.00
<input type="checkbox"/> Collision Report. Provide Date: _____ City/County _____	\$ 7.00	\$10.00
<input type="checkbox"/> 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 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.]:

- Business: To verify the accuracy of personal information submitted by the individual. If the information submitted is not correct, to obtain the correct information for the purpose of preventing fraud or recovering on a debt or security interest against the individual
- Legal: For use in connection with any court, agency or self-regulatory proceeding, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments or orders, or pursuant to an order of any court
- 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 claims investigation activities, antifraud activities, rating or underwriting
- Toll Transportation Facilities: For operation of facilities or for use in providing notice to the owners of towed or impounded vehicles.
- 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 Personal information shall not be published, redisclosed, or used to contact individuals
- Other Matters: Driver safety; motor vehicle safety, theft, emissions, products (alterations, recalls, advisories), performance monitoring, market/survey research; removal of non-owner records from records of motor vehicle manufacturers; any other use specifically authorized under the laws of the State of Oklahoma related to the operation of a motor vehicle or public safety

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required]

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, 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.

Printed Name of Person Making Request _____

Signature of Person Making Request _____

Print Name of Company (if applicable) Payne County CASA

Date _____

Address 315 W 6th, Ste 205 City Stillwater

State OK Zip 741074



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.