STATE OF DELAWARE
Division of Motor Vehicles

# PERSONAL INFORMATION RELEASE FORM

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Requester (or representative - if requester is not present):

_____

Requester's Home Address: _____
(Print)

Requester's Driver License #: _____ DL State: _____
(Print)

**IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY OBTAIN OR DISCLOSE PERSONAL INFORMATION FROM DMV RECORDS EXCEPT AS AUTHORIZED BY STATUTE (PAGE 2). VIOLATORS WILL BE SUBJECT TO A MINIMUM PENALTY OF $2,500.00. PERSONAL INFORMATION INCLUDES AN INDIVIDUAL'S DRIVER IDENTIFICATION NUMBER, NAME, AND ADDRESS.**

**I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND AGREE TO ABIDE BY ALL LAWS, TERMS AND STIPULATIONS CONCERNING THE DISCLOSURE OF PERSONAL INFORMATION CONTAINED IN DMV RECORDS.**

**SIGNATURE MUST BE NOTARIZED IF NOT APPEARING IN PERSON**

_____
(Signature of Requester)

Notary Public: _____
(Signature of Notary) (Notary Seal/Stamp)

Record Holder's Name: _____
Last First Middle

Date of Birth: _____ Delaware License/ID #: (if requesting driving record) _____

License Plate or VIN #: (if requesting vehicle record) _____

**YOU MUST HAVE THE CONSENT OF THE INDIVIDUAL WHO IS THE SUBJECT OF YOUR INQUIRY – OR – YOU MUST CHECK THE APPLICABLE BOX AND PROVIDE ADDITIONAL INFORMATION AS REQUIRED FOR INFORMATION TO BE RELEASED BY STATUTE. FAILURE TO PROVIDE EITHER WILL RESULT IN THE DENIAL OF YOUR REQUEST.**

**RELEASE BY CONSENT OF INDIVIDUAL**:

I, _____, authorize _____
(Print Name of Record Holder) (Print Name of Requester)

to have access to personal information in my DMV driving or vehicle record depending release type selected above.

_____
(Signature of Record Holder)

Notary Public: _____ _____
(Signature of Notary) (Notary Seal/Stamp)

| **DO NOT WRITE IN THIS BLOCK** | **DMV USE ONLY** | **DO NOT WRITE IN THIS BLOCK** |
|---|---|---|
| Information Provided □ Driving Record | □ Vehicle Record | □ Other |
| DMV Representative: _____ | | |

**YOU MUST HAVE THE CONSENT OF THE INDIVIDUAL WHO IS THE SUBJECT OF YOUR INQUIRY – OR – YOU MUST CHECK THE APPLICABLE BOX AND PROVIDE ADDITIONAL INFORMATION AS REQUIRED FOR INFORMATION TO BE RELEASED BY STATUTE. FAILURE TO PROVIDE EITHER WILL RESULT IN THE DENIAL OF YOUR REQUEST.**

## Release Authorized by Statute – Check Block(s) Which Apply

☐ For use by a government agency, including any court of law, enforcement agency, or any private person or entity acting on behalf of a government, in carrying out its functions (Section 305(b)(1)).

Name of Business: _____
Address: _____
Telephone Number: (_____) _____

☐ For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only

a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees or contractors; and

b. If such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

Name of Business: _____
Address: _____
Telephone Number: (_____) _____

☐ For use in connection with any civil, criminal, administrative or arbitration proceeding or pursuant to any court order.

Case Caption: _____ vs. _____
Civil/Criminal Docket Number: _____
Purpose: _____

☐ For use by any insurer or insurance support organization, or its agents, employees or contractors in connection with claims investigation activities, anti-fraud activities, rating or underwriting.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____

☐ For use in providing notice to the owners or lien holders of towed or impounded vehicles.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____

☐ For use by a licensed private investigative agency or licensed security service.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____
PI License Number: _____ State: _____

☐ For use by an employer or insurer to obtain information relating to a holder of a Commercial Driver's License.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____

**Driving Record Information ONLY:**

The personal information contained in motor vehicle records is highly sensitive and protected by federal and state statute. Large fines may be assessed against any person who improperly releases personal information. Personal information is defined as any information that identifies an individual, including an individual's photograph, social security number, driver license number, name, address, telephone number and medical or disability information. The information pertaining to your driving history, such as convictions and license status, is public information. The statute allows the release of personal information when approved by the individual to whom the record pertains or by exception under specific circumstances. These exceptions are listed on the back of the Personal Information Release Form. **The Division does not release your personal information for marketing purposes.**

**INSTRUCTIONS:**

**If you are a company/business** and have a valid reason under the statute to receive another's information, please fill out the entire form and have it notarized. Failure to do so will result in the denial and return of your request.

1. Date
2. Name and address of company
3. Name of **requestor** – individual at the business requesting the information and the name of the representative picking up information.
4. **Requester's** home address
5. **Requester's** driver license number and state of issuance
6. Read statement in bold print, then sign on requester's signature line
7. Have notary witness the signature and sign and affix notary's seal/stamp
8. Complete "Record Holder" section
9. Either obtain individual's consent OR check appropriate statute box on page 2 and complete.
10. Attach a letter drafted on business letterhead containing the:
    a. Date
    b. Name and address of the business
    c. Individual's name and license number of whom the request is for
    d. Must be printed on business letterhead and contain a live signature
11. Mail completed request form, business letter, and check or money order made payable to **DMV** for $25.00 per inquiry to one of the addresses below.

**If you are an individual** requesting your **own** driving record or vehicle record, complete the following lines.

1. Date
2. Name of requestor
3. Requester's home address – your current mailing address
4. Requester's driver license number and state of issuance
5. Read statement in bold print, then sign on requester's signature line
6. Have notary witness the signature and sign and affix notary's seal/stamp
7. Complete "Record Holder" section
8. As an individual requesting your own record, you may obtain a 3 year, 5 year, or complete driving record. Please specify which you require and write across the top of page one of the Personal Information Release Form.
9. Mail completed form and check or money order made payable to **DMV** for $25.00 per inquiry to one of the addresses below.

| For Driving Records | For Vehicle Records | For Overnight Delivery (Fed Ex **ONLY**) |
|---|---|---|
| Division of Motor Vehicles<br>ATTN: Driver License Admin<br>P.O. Box 698<br>Dover, DE 19903 | Division of Motor Vehicles<br>ATTN: Correspondence<br>P.O. Box 698<br>Dover, DE 19903 | Division of Motor Vehicles<br>303 Transportation Circle<br>Dover, DE 19901 |

**Call 302-744-2506 for questions about driving records or 302-744-2538 for questions about vehicle records.**