

**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**

**REQUEST FOR DISCLOSURE OF PERSONAL INFORMATION**

The Driver Privacy Protection Act, 18 United States Code, Sections 2721-2725 (DPPA), exempts personal information contained in motor vehicle or driver license records from disclosure except to individuals/companies which qualify under any of the 15 exceptions outlined therein. Personal information includes social security number, driver license/identification (ID) card number, name, address, telephone number and medical or disability information.

**By completing this form, you are requesting that personal information contained in your motor vehicle or driver license/ID card records be released. To request that your personal information be disclosed to requesters, you must provide your driver license/ID card number, and/or the title/license plate number for each vehicle for which you are a listed owner.**

To correctly identify your records, the information you provide must match our department files. Please carefully copy your Florida driver license/ID card number and date of birth directly from your driver license/ID card. For each motor vehicle titled/registered in your name, copy the title/license plate number and the date of birth directly from the Florida vehicle registration certificate. If you have vehicles registered with a different birth date, submit a separate form for each birth date. If we cannot find a match in our files from the numbers you provided, we will notify you at the address you provided. **Be sure to sign and date this form.**

**PLEASE RELEASE THE PERSONAL INFORMATION FROM MY DRIVER LICENSE/ID CARD AND/OR MOTOR VEHICLE RECORD(S)**

| <b>DRIVER LICENSE/ID CARD NUMBER</b> | <b>TITLE NUMBER</b>    | <b>LICENSE PLATE NUMBER</b> |
|--------------------------------------|------------------------|-----------------------------|
| _____                                | <b>Vehicle 1</b> _____ | _____                       |
|                                      | <b>Vehicle 2</b> _____ | _____                       |
| <b>DATE OF BIRTH</b>                 | <b>Vehicle 3</b> _____ | _____                       |
| ___/___/___                          | <b>Vehicle 4</b> _____ | _____                       |
| Month Day Year                       |                        |                             |

**Please Print:**

\_\_\_ Mr.  
\_\_\_ Mrs.  
\_\_\_ Ms: \_\_\_\_\_

|                   |           |                  |                  |
|-------------------|-----------|------------------|------------------|
| <b>First Name</b> | <b>MI</b> | <b>Last Name</b> | <b>Signature</b> |
| _____             | _____     | _____            | _____            |

  

|                       |             |
|-----------------------|-------------|
| <b>Street Address</b> | <b>Date</b> |
| _____                 | _____       |

  

|             |              |                 |
|-------------|--------------|-----------------|
| <b>City</b> | <b>State</b> | <b>Zip Code</b> |
| _____       | _____        | _____           |

**Return completed form to:**

**Department of Highway Safety and Motor Vehicles  
Requests for Disclosure  
2900 Apalachee Parkway, Room B231, MS 91  
Tallahassee, Florida 32399**