INSTRUCTIONS FOR REQUEST FOR RECORD – REQUESTOR AUTHORIZED BY DPPA

This form can be used by individual's who are the exception under the DPPA and can obtain a person's driver record even if the driver requested the information not be released.

The requestor must complete the form, indicate the authorized purpose and reason for the request, mark the document needed, and submit the form along with a letter from the company or agency on company letterhead verifying the reason for the request. If multiple drivers' records are needed, then the Multiple Request for Records form may also be completed. There is a \$5.00 charge for each driver record. Cashier's check or money order should be made payable to the Tennessee Department of Safety. The request can be mailed to the Tennessee Department of Safety, Financial Responsibility Division, 1150 Foster Avenue, Nashville, TN 37210 or a copy can be obtained in person at any Reinstatement or Driver License station in the state. If mailing, please allow two weeks for postmark date for delivery of requested driver record.

REQUEST FOR RECORD AUTHORIZED REQUESTOR

TN DEPARTMENT OF SAFETY 1150 FOSTER AVENUE NASHVILLE, TN 37210 (615) 741-3954

I am requesting information on the following person (more than one, complete form for each or attach list with all required information for each driver):

Name		Da [,]	te of Birth	
(Last)	(First)	(Middle)		Day Year)
TN Driver License No	Social Security No. (if available)			
NEW STATE AND FEDERAL LAWS N CERTAIN EXCEPTIONS AND AUTHO PROCEDURES TO ALLOW PERSON AUTHORIZATION.	ORIZES THE D	DEPARTMENT OF SA	FETY TO IMPLE	MENT
Authorized Purposes: Please mark thLegalEmployment			Government b	ousiness
InsuranceStatistical/Researc	:h (cannot use	e to contact person)	Law E	Enforcement
Private Investigator	Other E	Explain		
List reason for request		11 the fee reason li		1A9
		Must be for reason lis	sted in 1.U.A. 55-	-25-107
Available Documents: Please mark the needed: MVR (driving record which includesInvestigating Officer's Accident Report of drivers'namesFinancial Responsibility Affidavit - \$Compliance on Accident - \$5.00 - for Miscellaneous documents such as Furnish date of documentDocument I understand that any person requesting who misrepresents his identity or makes submit pursuant to this act shall be guilt thousand dollars (\$1,000) as outlined un All requests must be accompanied with request.	s address) - \$5 port - \$4.00 - F \$5.00 - Furnish furnish date an driver license County wh g the disclosures a false stater lty of a Class Conder T.C.A. 55-2 th a letter from	5.00. Furnish date of accider In date and county of accident applications, tickets, of there incident occurred The of personal information of the department of the departme	nt, county of accident	dent, and etc \$5.00 - Type of ent records on required to
Company Name, Address & Phone No				•
Print Name		Signature	Date	_
Department Use Only - Identification	ı Presented:			
Driver License NoSocial Security No	State	Other	Evaminor	
Examiner				