

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

**Form Instructions**

Please fill out completely all applicable portions of the Records Request and Consent to Release form.

Mail the form and all applicable fees, using one of the forms of payment listed at the bottom of the form, to:

Department of Public Safety  
Records Management Division  
P. O. Box 11415  
Oklahoma City, OK 73136-0415

You may include a stamped self-addressed envelope with your request, but it is not required. For quicker delivery, you may provide the Department of Public Safety with an appropriate prepaid United States Postal Service (USPS) or Federal Express (FedEx) return envelope. The Department can not process and will not use a United Parcel Service (UPS) return envelopes. The Department will not mail documents C.O.D.

You may also present the completed form and fees at the Department of Public Safety, [3600 North Martin Luther King Avenue](#) (southeast corner of Northeast 36<sup>th</sup> and Martin Luther King Avenue), Oklahoma City.

To obtain a regular driving record summary (Motor Vehicle Report, or MVR), you may present the completed form and the \$25 fee at any motor license agency in the state.

The Department of Public Safety does not issue National Driving Records.

The Department of Public Safety is not affiliated with DocViews.

To preserve your rights and privacy under the Driver's Privacy Protection Act, 18 U.S.C., Sections 2721 through 2725:

Requests for records can not be made by telephone or e-mail  
Records can not be faxed or e-mailed

**State of Oklahoma  
Department of Public Safety  
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**I hereby request the following driver record(s):**

	Per Record Fee Regular	Certified
<input type="checkbox"/> Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years]	\$25.00	\$28.00
<input type="checkbox"/> Collision Report. Provide Date: _____ City/County _____	\$15.00	\$18.00
<input type="checkbox"/> Other Driving Record(s) (please specify record by type and date): _____	<b>Per Page Fee</b>	<b>Per Certified Record Fee</b>
	<b>\$ 0.25</b>	<b>\$ 3.00</b>

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

**for:**

Driver's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

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.:**

1.  **Government Agency** (federal, state, or local, including court or law enforcement): for carrying out its functions †
2.  **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; order of a court.
3.  **Research Activities or Statistical Reports:** personal information shall not be published, redisclosed, or used to contact individuals †
4.  **Insurance Company, Insurance Support Organization, Self-insured Entity:** for claims investigation, antifraud, rating or underwriting activities †
5.  **Licensed Private Investigative Agency or Licensed Security Service:** for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6.  **Employer of Commercial Driver License Holder:** to obtain or verify information required under 49 U.S.C., Chapter 313 †
7.  **Other:** for use specifically authorized under the laws of the State of Oklahoma related to public safety  
Statutory citation: \_\_\_\_\_

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

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, et seq., 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 Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Mail completed form along with appropriate fees to:  
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Records Management Division  
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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.