

**CONSENT TO RELEASE RECORD(S)
SERVICES: 6-9**

DRIVER

DRIVER NAME: _____ DL NO. _____ DOB ____/____/____

By signing below, I voluntarily give consent to the Mississippi Department of Public Safety to release the following record(s), including personal information within my driver license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety, their agents and employees, to the following person, company, corporation or legal entity:

RELEASE RECORDS/INFORMATION TO _____

_____ MVR Summary
_____ Other Record (SPECIFY) _____

(DRIVER'S SIGNATURE OF CONSENT)

**STATE OF MISSISSIPPI
COUNTY OF _____**

PERSONALLY appeared before me, the undersigned authority in and for the county and state aforesaid, the within named _____, who states upon his/her oath and personal knowledge that all matters, facts and things set forth in the above and foregoing document are true and correct as therein stated.

(DRIVER'S SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20____

(MY COMMISSION EXPIRES)

(NOTARY PUBLIC)

RECIPIENT INFORMATION

_____/_____/_____
(DATE) _____ PLEASE PRINT
RECIPIENT OF RECORD(S)

ADDRESS OF RECIPIENT

_____, _____, _____
CITY STATE ZIP CODE

NOTICE: *As required by the Federal Driver Protection Act(DPPA), 18 U.S.C. Section 2721, the Mississippi Department of Public Safety will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; or , unless the Department is required by DPPA to release personal information without your consent; such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to others specified.*

SEND ALL CORRESPONDANCES TO:

**MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
MVR- DRIVER RECORDS
P.O. BOX 958
JACKSON, MISSISSIPPI 39205**