



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

DRIVER SERVICES — FIELD HEADQUARTERS
2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
217-782-7044
www.ilsos.gov

REQUEST TO SUPPRESS PERSONAL INFORMATION

In accordance with the Judicial Privacy Act, upon request of a judicial officer, the Secretary of State is restricted from publicly disclosing any personal information from any records maintained by the Office relating to any judicial officer, spouse, child, parent or any blood relative who resides in the same residence as the judicial officer. "Personal information" is defined as home address, home or mobile telephone numbers, personal email addresses, Social Security number, financial account information, marital status and the identity of children under age 18. The information listed below is exempt from any Freedom of Information Act request.

Judicial Officer Name: _____ DL/ID Card#: _____

Judicial Title: _____ Are you a Notary? : YES NO

I. Judicial Officer Address Change:

I request to change the residence or mailing address on the following records to a business address:

License Plate Registration (Please specify in II.B) Driver's License/I.D. Card

Business Address: _____
Street City State ZIP

County: _____

Current Address: _____
Street City State ZIP

II. Suppression of Personal Information:

I request to suppress personal information from the following records (include name of judicial officer and family members residing with the judicial officer):

A. Driver's License/ID Card:

| Name | Driver's License/ID Card Number | Date of Birth | Gender |
|------|---------------------------------|---------------|--------|
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B. Vehicle Registration Information (List all applicable vehicles to suppress):

| License Plate Number | Vehicle Identification Number | Vehicle Year & Make |
|----------------------|-------------------------------|---------------------|
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NOTE: If any individual listed on this form no longer resides with the judicial officer or the judicial officer changes his/her residence address, a new request form must be completed.

Identification Presented: _____

Signature of Judicial Officer: _____ Date: _____

Disclaimer: This request only applies to Secretary of State information. Please consult the Administrative Office of the Illinois Courts at 217-782-7770 to suppress information held by other entities.

Secretary of State Facility Name and Number: _____

Date Received/Faxed by Secretary of State: _____

Fax Numbers: Driver Services: 217-558-5156 Vehicles Services: 217-785-4727 Index Department: 217-524-0930