



Mississippi Department of Public Safety
Driver Service Bureau



CONSENT TO RELEASE RECORDS FORM

INDIVIDUAL SERVICES:

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) \_\_\_\_\_

Check the following applicable statement:

Report Requestor: \_\_\_ Person Involved \_\_\_ Surviving Spouse \_\_\_ Representative of Estate
\_\_\_ Next of Kin \_\_\_\_\_ (Relationship)

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 COMISSION EXPIRES)

(NOTARY PUBLIC)

RECIPIENT INFORMATION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ RECIPIENT OF RECORD(S) \_\_\_\_\_ Please Print

Recipient's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 record unless you consent by waiving your rights 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 government entities, courts, insurance companies and to others specified.

Mail all correspondence to:

Department of Public Safety
Attn: MVR
P.O. Box 1459
Canton, MS 39046

\*Please include a self-addressed stamped envelope.