INSTRUCTIONS FOR REQUEST FOR RECORD – DRIVER'S AUTHORIZATION REQUIRED

This form is used by individual's requesting a driver's record after the driver previously blocked access so that the department could not furnish their record to another individual without permission from the driver.

The form must be completed, signed by the driver and notarized by a Notary Public. There is a $5.00 fee charged for each driver record requested. 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 Issuance Office in the state. If mailing, please allow two weeks from postmark date for delivery of requested driver record.

REQUEST FOR RECORD
INDIVIDUAL AUTHORIZATION

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

T.C.A. 55-25-101 ET SEQ. CREATES THE "UNIFORM MOTOR VEHICLES RECORDS DISCLOSURE ACT" THAT IS EFFECTIVE JULY 1, 1997. THE NEW LAW WILL MAKE "PERSONAL INFORMATION" CONFIDENTIAL WITH CERTAIN EXCEPTIONS AND AUTHORIZES THE DEPARTMENT OF SAFETY TO IMPLEMENT PROCEDURES TO ALLOW PERSONS TO TAKE ADVANTAGE OF THE CONFIDENTIALITY AUTHORIZATION.

I, _____, TN Driver License No. _____, Date of
(Name of party approving release of information)

Birth_____, Social Security No. _____, understand the above statement and authorize

the Department of Safety to release any requested information allowed to _____,
(Party authorized to obtain information)

which can be obtained from my Driver Record.

_____
Signature of party approving release

_____ personally appeared before me this the
(Party approving release)

_____Day of_____ 20____.

_____
Notary Public Signature and Seal

State of _____

Commission Expires _____

I understand that any person requesting the disclosure of personal information from department records who misrepresents his identity or makes a false statement to the department on any application required to submit pursuant to this act shall be guilty of a Class C misdemeanor, punishable by a fine not to exceed one thousand dollars ($l,000) under T.C.A. 55-25-112.

_____ _____
Signature of Party Obtaining Information Date

_____
Print Name

Department Use Only - Identification Presented:

Driver License No._____State____ Work ID _____

Social Security No._____ Other_____

Examiner_____