



STATE OF DELAWARE Division of
Motor Vehicles PERSONAL
INFORMATION RELEASE FORM

Date: _____
DMV Account Number: _____

Company Name: _____ Address: _____

Address continued: _____ City _____ State _____ Zip _____

Name of Requester and (representative - if requester is not present)

(Print)

Requester's Home Address: _____

(Print)

Requester's Driver License Number: _____ DL State: _____

IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY OBTAIN OR DISCLOSE PERSONAL INFORMATION FROM DMV RECORDS EXCEPT AS AUTHORIZED BY STATUTE (PAGE 2). VIOLATORS WILL BE SUBJECT TO A MINIMUM PENALTY OF \$2,500.00. PERSONAL INFORMATION INCLUDES AN INDIVIDUAL'S DRIVER IDENTIFICATION NUMBER, NAME, AND ADDRESS.

I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND AGREE TO ABIDE BY ALL LAWS, TERMS AND STIPULATIONS CONCERNING THE DISCLOSURE OF PERSONAL INFORMATION CONTAINED IN DMV RECORDS.

**SIGNATURE MUST BE NOTARIZED
IF NOT APPEARING IN PERSON**

(Signature of Requester)

Notary Public: _____
(Signature of Notary) (Notary Seal/Stamp)

INQUIRY ON:

Name: _____
Last First Middle

Date of Birth: _____

Delaware License Number: _____ OR Plate/VIN Number: _____
(if requesting driving record) (if requesting vehicle record)

YOU MUST HAVE THE CONSENT OF THE INDIVIDUAL WHO IS THE SUBJECT OF YOUR INQUIRY – OR – YOU MUST CHECK THE APPLICABLE BOX AND PROVIDE ADDITIONAL INFORMATION AS REQUIRED FOR INFORMATION TO BE RELEASED BY STATUTE. FAILURE TO PROVIDE EITHER WILL RESULT IN THE DENIAL OF YOUR REQUEST.

RELEASE BY CONSENT OF INDIVIDUAL:

I, _____, authorize _____
(Print "Inquiry On" name) (Print Name of requester)

to have access to personal information in my DMV records. _____
(Signature of "Inquiry On" person)

Notary Public: _____
(Signature of Notary) (Notary Seal/Stamp)

DO NOT WRITE IN THIS BLOCK	DMV USE ONLY	DO NOT WRITE IN THIS BLOCK
Information Provided:	<input type="checkbox"/> Driving Record <input type="checkbox"/> Vehicle Record	<input type="checkbox"/> Other
DMV Representative: _____		

YOU MUST HAVE THE CONSENT OF THE INDIVIDUAL WHO IS THE SUBJECT OF YOUR INQUIRY – OR – YOU MUST CHECK THE APPLICABLE BOX AND PROVIDE ADDITIONAL INFORMATION AS REQUIRED FOR INFORMATION TO BE RELEASED BY STATUTE. FAILURE TO PROVIDE EITHER WILL RESULT IN THE DENIAL OF YOUR REQUEST.

Release Authorized by Statute – Check Block(s) Which Apply

- For use by a government agency, including any court of law, enforcement agency, or any private person or entity acting on behalf of a government, in carrying out its functions (Section 305(b)(1)).

Name of Business: _____
Address: _____
Telephone Number: (_____) _____

- For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only
- a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees or contractors; and

b. If such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

Name of Business: _____
Address: _____
Telephone Number: (_____) _____

- For use in connection with any civil, criminal, administrative or arbitration proceeding or pursuant to any court order.

Case Caption: _____ vs. _____
Civil/Criminal Docket Number: _____
Purpose: _____

- For use by any insurer or insurance support organization, or its agents, employees or contractors in connection with claims investigation activities, anti-fraud activities, rating or underwriting.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____

- For use in providing notice to the owners or lien holders of towed or impounded vehicles.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____

- For use by a licensed private investigative agency or licensed security service.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____
PI License Number: _____ State: _____

- For use by an employer or insurer to obtain information relating to a holder of a Commercial Driver License.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____

Driving Record Information ONLY:

The personal information contained in motor vehicle records is highly sensitive and protected by federal and state statute. Large fines may be assessed against any person who improperly releases personal information. Personal information is defined as any information that identifies an individual, including an individual's photograph, social security number, driver license number, name, address, telephone number and medical or disability information. The information pertaining to your driving history, such as convictions and license status, is public information. The statute allows the release of personal information when approved by the individual to whom the record pertains or by exception under specific circumstances. These exceptions are listed on the back of the [Personal Information Release Form](#). **The Division does not release your personal information for marketing purposes.**

INSTRUCTIONS:

If you are a company/business and have a valid reason under the statute to receive another's information, please fill out the entire form and have it notarized. Failure to do so will result in the denial and return of your request.

1. Date
2. Name and address of company
3. Name of **requestor** – individual at the business requesting the information and the name of the representative picking up information.
4. **Requester's** home address
5. **Requester's** driver license number and state of issuance
6. Read statement in bold print, then sign on requester's signature line
7. Have notary witness the signature and sign and affix notary's seal/stamp
8. Complete "Inquiry On" section
9. Either obtain individual's consent OR check appropriate statute box on page 2 and complete.
10. Attach a letter drafted on business letterhead containing the:
 - a. Date
 - b. Name and address of the business
 - c. Individual's name and license number of whom the request is for
 - d. Must be printed on business letterhead and contain a live signature
11. Mail completed request form, business letter, and check or money order made payable to **DMV** for \$15.00 per inquiry to one of the addresses below.

If you are an individual requesting your **own** driving record or vehicle record, complete the following lines.

1. Date
2. Name of requestor
3. Requester's home address – your current mailing address
4. Requester's driver license number and state of issuance
5. Read statement in bold print, then sign on requester's signature line
6. Have notary witness the signature and sign and affix notary's seal/stamp
7. Complete "Inquiry On" section
8. As an individual requesting your own record, you may obtain a 3 year, 5 year, or complete driving record. Please specify which you require and write across the top of page one of the Personal Information Release Form.
9. Mail completed form and check or money order made payable to **DMV** for \$15.00 per inquiry to one of the addresses below.

For Driving Records

Division of Motor Vehicles
ATTN: Driver License Admin
P.O. Box 698
Dover, DE 19903

For Vehicle Records

Division of Motor Vehicles
ATTN: Correspondence
P.O. Box 698
Dover, DE 19903

For Overnight Delivery
(Use FedEx or UPS (not USPS))

Division of Motor Vehicles
303 Transportation Circle
Dover, DE 19901

Call 302-744-2506 for questions about driving records or 302-744-2511 for questions about vehicle records.