INSTRUCTIONS FOR REQUEST FOR RECORD – REQUESTOR AUTHORIZED BY DPPA

This form can be used by individual's who are the exception under the DPPA and can obtain a person's driver record even if the driver requested the information not be released.

The requestor must complete the form, indicate the authorized purpose and reason for the request, mark the document needed, and submit the form along with a letter from the company or agency on company letterhead verifying the reason for the request.. If multiple drivers' records are needed, then the Multiple Request for Records form may also be completed. There is a $5.00 charge for each driver record. 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 station in the state. If mailing, please allow two weeks for postmark date for delivery of requested driver record.

REQUEST FOR RECORD
AUTHORIZED REQUESTOR

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

I am requesting information on the following person (more than one, complete form for each or attach list with all required information for each driver):

Name_____Date of Birth_____
(Last) (First) (Middle) (Month Day Year)

TN Driver License No._____Social Security No. (if available)_____

NEW STATE AND FEDERAL LAWS 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.

Authorized Purposes: Please mark that applies to your request:
___Legal ___Employment ___Fraud Investigation ___Government business

___Insurance ___Statistical/Research (cannot use to contact person) ___Law Enforcement

____Private Investigator ___Other Explain_____

List reason for request _____
Must be for reason listed in T.C.A. 55-25-107

Available Documents: Please mark the document being requested and furnish any additional information needed:
___MVR (driving record which includes address) - $5.00.
___Investigating Officer's Accident Report - $4.00 - Furnish date of accident, county of accident, and drivers'names_____
___Financial Responsibility Affidavit - $5.00 - Furnish date and county of accident_____
___Compliance on Accident - $5.00 - furnish date and county of accident_____
___Miscellaneous documents such as driver license applications, tickets, correspondence, etc. - $5.00 - Furnish date of document_____ County where incident occurred _____ Type of Document_____

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) as outlined under T.C.A. 55-25-112.

All requests must be accompanied with a letter from the company or agency verifying the reason for the request.

_____
Company Name, Address & Phone No.

_____

_____ _____
Print Name **Signature** **Date**

Department Use Only - Identification Presented:

Driver License No._____State____ Work ID _____
Social Security No._____ Other_____

Examiner_____