

	<b>STATE OF DELAWARE</b> Division of Motor Vehicles <b>PERSONAL INFORMATION</b> <b>RELEASE FORM</b>	Driver's License Number <input style="width: 100%; height: 20px;" type="text"/> Vehicle Registration Number <input style="width: 100%; height: 20px;" type="text"/>
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Date: \_\_\_\_\_ Name of Requester: \_\_\_\_\_  
(Print) (Signature of Requester)

Company/Organization: \_\_\_\_\_ Address: \_\_\_\_\_

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

\_\_\_\_\_  
 (Notary Public)

Requester's Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Identification Card Number: \_\_\_\_\_ State: \_\_\_\_\_

DMV Account Number: \_\_\_\_\_ (If assigned by DMV)

**INQUIRY ON:**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

License Number: \_\_\_\_\_ Tag Number: \_\_\_\_\_

**YOU MUST EITHER 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 Name) (Print Name)  
 to have access to personal information in my DMV records.

\_\_\_\_\_  
 (Signature)

Notary Public: \_\_\_\_\_

**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 PHOTOGRAPH, SOCIAL SECURITY NUMBER, DRIVER IDENTIFICATION NUMBER, NAME, ADDRESS, TELEPHONE NUMBER, AND MEDICAL OR DISABILITY INFORMATION.**

<b>DO NOT WRITE IN THIS BLOCK</b> Information Provided: <input type="checkbox"/> Driving Record <input type="checkbox"/> Vehicle Record <input type="checkbox"/> Other	<b>DMV USE ONLY</b>  DMV Representative: _____	<b>DO NOT WRITE IN THIS BLOCK</b>
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### Release Authorized by Statute – Check Blocks 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 by a business to verify the accuracy of personal information submitted by the individual to the business for employment or related purposes.

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's License.

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**Driving Record Information:**

The personal information contained in motor vehicle records is highly sensitive and protected by federal and state statute. Large fines may be assessed against the Division of Motor Vehicles or 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.**

The Division does not release a person's driver license digitized photograph and signature, social security number, or medical and disability information without the express written consent of the person to whom it pertains unless this information is releasable by statute.

If you want a copy of **your** driving record or vehicle records by mail, you must:

1. Complete the [Personal Information Release Form](#)
2. Have the form notarized with a seal or stamp (or submit in person at one of our offices)
3. Pay \$15.00 fee for a 3 year record
4. We recommend you include a stamped, self-addressed envelope to reduce processing time
5. Mail the check and form to:

**For Driving Records**

**For Vehicle Records**

Division of Motor Vehicles ATTN: Driver License Administration P.O. Box 698 Dover, Delaware 19903	Division of Motor Vehicles ATTN: Correspondence Section P.O. Box 698 Dover, Delaware 19903
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Please fill out the entire form and have it notarized if you want the information returned by mail.

Call (302) 744-2506 if you have any questions about driving records or (302) 744-2538 for information concerning vehicle records.