

**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**

**REQUEST FOR DISCLOSURE OF PERSONAL INFORMATION**

The Florida Public Records Law, Section 119.0712 (2), Florida Statutes, exempts personal information contained in motor vehicle or driver license records from disclosure except to individuals/companies which qualify under any of the exceptions outlined therein. As defined in the Public Records Law, personal information includes social security number, driver license/identification (ID) card number, name, address, telephone number and medical or disability information.

**By completing this form you are requesting that personal information contained in your motor vehicle or driver license/ID card records be released. To request that your personal information be disclosed to requesters, you must provide your driver license/ID card number, and/or the title/license plate number for each vehicle for which you are a listed owner.**

To correctly identify your records, the information you provide must match our department files. Please carefully copy your Florida driver license/ID card number and date of birth directly from your driver license/ID card. For each motor vehicle titled/registered in your name, copy the title/license plate number and the date of birth directly from the Florida vehicle registration certificate. If you have vehicles registered with a different birth date, submit a separate form for each birth date. If we cannot find a match in our files from the numbers you provided, we will notify you at the address you provided. **Be sure to sign and date this form.**

**PLEASE RELEASE THE PERSONAL INFORMATION FROM MY DRIVER LICENSE/ID CARD AND/OR MOTOR VEHICLE RECORD(S)**

<b>DRIVER LICENSE/ID CARD NUMBER</b>	<b>TITLE NUMBER</b>	<b>LICENSE PLATE NUMBER</b>
_____	<b>Vehicle 1</b> _____	_____
	<b>Vehicle 2</b> _____	_____
<b>DATE OF BIRTH</b>	<b>Vehicle 3</b> _____	_____
____/____/____	<b>Vehicle 4</b> _____	_____
Month Day Year		

**Please Print:**

\_\_\_ Mr.  
\_\_\_ Mrs.  
\_\_\_ Ms.

_____	_____	_____	_____
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Signature</b>
_____			_____
<b>Street Address</b>			<b>Date</b>
_____	_____	_____	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	

Return completed form to:

**Department of Highway Safety and Motor Vehicles  
Requests for Disclosure  
2900 Apalachee Parkway, Room B231, MS 91  
Tallahassee, Florida 32399**