

**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

<p>_____ personally appeared before me this the (Party approving release)</p> <p>Day of _____ 20_____.</p>	<p>_____ Notary Public Signature and Seal</p> <p>State of _____</p> <p>Commission Expires _____</p>
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**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 (\$1,000) under T.C.A. 55-25-112.**

\_\_\_\_\_  
Signature of Party Obtaining Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

<b>Department Use Only - Identification Presented:</b>	
Driver License No. _____ State _____	Work ID _____
Social Security No. _____	Other _____
Examiner _____	