

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF MOTOR VEHICLES
P.O. BOX 64886
BATON ROUGE, LA 70896-4886

ODR REQUEST FORM

The disclosure of any personal information collected by the Office of Motor Vehicles **is prohibited** in accordance with US Code, Title 18, §2721 through §2725 and §350 of Public Law 106-69, which amended the Federal Driver Privacy Protection Act OLA File No. 1999-1126 **unless:**

(Please check which is applicable)

- You are the licensee **OR**
- You certify that the intended use of the requested information is only for permitted uses by the Federal Driver Privacy Protection Act (i.e. government agencies, employers, insurance companies, law enforcement) **OR**
- You have a written authorization/waiver from the licensee for release of his/her information; licensee must complete authorization/waiver form below:

AUTHORIZATION/WAIVER TO RELEASE SENSITIVE PERSONAL INFORMATION

I, _____, do hereby request the Louisiana Office of Motor Vehicles to release the requestor the information requested.

_____ Signature	_____ Driver's License Number	_____ Date
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I request that the Louisiana Office of Motor Vehicles furnish me with information contained in the driver's license record for the person shown:

Louisiana Driver's License Number _____

Name of Licensee _____

Date of Birth _____

I hereby certify that the statements contained herein are true and correct to the best of my knowledge, and that if I am requesting an Official Driving Record on another party, I have permission to do so as outlined above, OR that the intended use of this information is only for permitted uses as indicated above.

Print Name of Requestor _____

Address _____ City _____ State _____ Zip _____

Driver's License Number _____ State of Issuance _____

Signature of Requestor _____