



NORTH CAROLINA DIVISION OF MOTOR VEHICLES



Driver Privacy Protection Act Authorization
To Disclose Personal Information Form DPPA-2

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Statute 20-43.1. I hereby authorize the release of my personal information to the person named below.

Print your **full name** as it appears on your driver license _____ **Your signature (MUST BE SIGNED)** _____

Your N.C. driver license number, SSN or ITIN & **date of birth** _____ **Date signed** _____

Person to receive information:

Mailing address:

Fees: Certified Complete History - \$15.00 x ~~Uncertified Complete History - \$10.75~~ ~~Uncertified Limited History - \$10.75~~

Circle one of the above to indicate the type of MVR to be released. Make checks payable to "NCDMV".
Mail this form and fees to: NCDMV, Driver License Records, 3113 Mail Service Center, Raleigh, NC 27697-3113. *Please allow 10 business days processing time*, this does not include US Postal service delivery time to or from the DMV.