



NORTH CAROLINA  
DIVISION OF MOTOR VEHICLES  
DRIVER LICENSE SECTION



Driver Privacy Protection Act Authorization  
To Disclose Personal Information Form DL-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 - \$11      Uncertified Complete History -\$8      Uncertified Limited History - \$8

**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 27699, *please allow 10 business days processing time, this does not include US Postal service delivery time to or from the DMV.*

**Form DL-DPPA-2, Revised Oct 2005**  
**Previous editions are obsolete, DO NOT USE**