

State of New Mexico - Taxation & Revenue Department
MOTOR VEHICLE DIVISION



CONFIDENTIAL RECORDS RELEASE

(Pursuant to Section 66-2-7.1, NMSA 1978)

TYPE OR PRINT PLAINLY (INQUIRIES THAT CANNOT BE READ WILL NOT BE PROCESSED)

Provisions of the New Mexico Motor Vehicle Code make personal information about an individual confidential, and restrict disclosure. This form authorizes the release of Driver or Vehicle information containing personal information to:

- an individual, or an individual's authorized representative; or
- a requestor, if the requestor has obtained the written consent of the individual to whom the information pertains.

Note: For purposes of this Release, the term "personal information" means:

- with respect to **vehicle records**, the driver license number, date of birth, address, city and state.
- with respect to **driver records**, the name, address, city, state, social security number, driver license number, date of birth, height, weight, medical restrictions, image and signature.

REQUESTOR / AUTHORIZED REPRESENTATIVE NAME & ADDRESS

REQUESTOR'S NAME - Company or Individual - (Last, First, MI):

Requestor's SS # or Employer ID #

Mailing Address (Number & Street):

City, State, Zip Code:

PERSON TO WHOM INFORMATION PERTAINS

NAME (Last, First, MI)

Mo./ Day / Yr. of Birth

Mailing Address (Street & Number)

Social Security #

City, State, Zip Code

Telephone #
()

Driver License / ID Card Number (If Applicable)

Vehicle License Plate / Identification Number(s) (If Applicable)

TYPE OF INFORMATION REQUESTED

DRIVER RELATED

- Motor Vehicle Record
- Copies of Citations or Withdrawal Notices
- Copy of License / ID Card Application

Other: _____

VEHICLE RELATED

- Printout of Vehicle Registration / Owner Information
- Copy of Vehicle or Title or MSO
- Copy of Bill of Sale

Other: _____

Provide additional information to accurately and specifically identify the information requested above: _____

Pursuant to the National Driver's Privacy Act, Public Law 103-322, I hereby swear and affirm that this requested release of information is permissible and will be used according to law.

The undersigned takes full responsibility for any violations of this Act.

I authorize the release of my personal information to: Me Authorized Representative Requestor

Signature of Person

to Whom Information Pertains _____ Date _____

if personal information is to be released to anyone other than the individual, this Release must be notarized.



NOTARY: Subscribed and sworn to before me at _____

this _____ day of _____, 19 ____.

Signed _____

My commission expires: _____

**THIS RELEASE IS
VALID FOR 30 DAYS
FROM DATE OF AUTHORIZATION**

SEAL