



Iowa Department of Transportation

DRIVING RECORD REQUEST

Request is hereby made for _____ (copy, copies) of a certified driving record for the following individual:

Subject's Full Name _____
(Must be full name as shown on Driving Record)

Drivers License Number: _____

Address: _____

City and Zip: _____

Date of Birth: _____

Social Security Number: _____

Requested by (Name) _____

Address: _____

City and Zip: _____

Phone Number: (_____) _____

Iowa law limits the release of personal information from motor vehicle records. Unless the person whose personal information is being requested provides express written consent, the personal information contained in Iowa driver's license records cannot be released.

The express written consent must clearly identify the person providing the release and clearly specify their release of personal information. The consent needs to include the date the release was given and must be notarized.

When requests for driving records are received without releases, we can only return the personal information that was provided with the request.

I certify that all statements on this application are true.

Signature _____ Date _____