

Privacy Act Request

To:

National Driver Register  
1200 New Jersey Avenue, S.E.  
NVS-422  
Washington, D.C. 20590

From:

[Driver's Name]  
[Address Line One]  
[Address Line Two]  
[City, ST, Zip]

I, [Full Name], request a PDPS check for myself:

- Legal Name: [Full Legal Name]
- Date-of-Birth [Date of Birth]
- State and Driver License Number: [State] [DL Number]
- Social Security Number: [Social Security Number]
- Sex [Gender as Shown on DL]
- Height [Height in Inches]
- Weight [Weight in LB]
- Eye Color [Eye Color]

Sincerely,

Date: \_\_\_\_\_

[Full Name]

[sign, date, and notarize]