



Private Data Request

Bring or mail this completed form to Driver and Vehicle Services, 445 Minnesota Street, St. Paul, MN 55101-5191.

- This form is intended for use by individuals who have a grave concern for their safety or the safety of their family.
Note: If you are requesting private data on your *driver's license*, an application for duplicate driver's license is required. Bring this form and apply at the location listed above or any driver's license office.
- A *valid* alternate address is required. If using a business address, check with your employer to ensure mail sent to that address will be delivered to you.

Driver and Vehicle Services complies with all federal and state laws regarding the dissemination of motor vehicle and driver's license data. The name, date of birth, and address information collected on motor vehicle and driver's license applications is restricted and is only released to those entitled by law to receive the information.

Data Privacy Laws: United States Code, title 18, sections 2721, Minnesota Data Privacy Act, Minnesota Statutes, Chapter 13; Minnesota Statutes 168.346 and 171.12 subdivisions 7 and 7a.

If you have questions or concerns, contact (651) 201-7775 or (651) 282-6555 (TTY).

General Information (PRINT OR TYPE)

Requestor's DL Number (Do Not Include Dashes)

First Name	Middle Name	Last Name
Residence Address	City/State/Zip	Date of Birth (mm/dd/yy)

Reason For This Request (PRINT OR TYPE):

Please Check All That Apply:

- Name:** I request that my name be classified as private data on all my motor vehicle records.
- Motor Vehicle Address:** I request that the residence address on my motor vehicle records be classified as private data and reflect the valid alternate address below.
- Driver's License Address:** I request that the residence address on my driving record be classified as private data and reflect the valid alternate address below.

Print Valid Alternate Address (PRINT OR TYPE):

Residence Address	City/State/Zip	County
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I am filing this private data request for the safety of my family or myself. I understand that this data will be classified as private data and will not be released to anyone except law enforcement as defined under Minnesota Statutes, 13.02, subdivision 12. The alternate address I have provided is a valid, existing address. I consent to receive service of process and department mailings at the alternate address.

Signature	Date
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