

**RELEASE OF PERSONAL INFORMATION  
UNDER THE FEDERAL DRIVER'S  
PRIVACY PROTECTION ACT  
18 U.S.C. 2721(b)(13)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REQUESTED RECORD: \_\_\_\_\_

DATE, IF KNOWN: \_\_\_\_\_

I fully understand that this consent authorizes the Evansville Police Department and its employees to fully release all of my personal information and highly restricted personal information under the Driver's Privacy Protection Act.

I also understand that this consent only applies to the release of my own personal information and highly restricted personal information, and does not apply to any other person's personal information and highly restricted personal information contained in the released records.

This consent expires on: \_\_\_\_\_ (date)

Signature: \_\_\_\_\_