Federal Drivers Privacy Protection Act

For OUT OF STATE drivers license request, please have your clients fill out and attach to your request. All Consent forms MUST be notarized.

General Consent for Release of Personal Information

I, _____(printed name of motorist), authorize the **Martin County Sheriff Dept** (name of agency releasing information) to disclose or otherwise make available to my attorney, **Amanda G. Bramble** (name of attorney), personal and highly restricted personal information including identifying information, photographs, images, social security number, driver identification number, name, address, telephone number, medical and disability information about me in connection to my motor vehicle operator's permit, motor vehicle title, motor vehicle registration, driver safety record, and identification card issued by a department of motor vehicles.

_____ _____
Signature of Driver Date

_____ _____
Drivers License Number State

County of _____, North Carolina

Sworn and subscribed before me this day by _____.

Date: _____

_____
(Official Seal) Official signature of Notary

_____
Notary's Printed or typed named

My Commission expires: _____