DR-1 (Rev. 5/08)

TEXAS DPS

APPLICATION FOR COPY OF DRIVER RECORD

MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246

Make CHECK or MONEY ORDER Payable To:
TEXAS DEPARTMENT OF PUBLIC SAFETY

Any questions regarding the information on this form should be directed to Customer Service at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired	FEE
[ ] 1. Name - DOB - License Status - Latest Address.	$ 4.00
[X] 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.	$ 6.00
[ ] 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course.	$ 10.00
[ ] 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. **Furnished to Licensee ONLY.**	$ 7.00
[ ] 3A. Certified version of #3. **Furnished to Licensee ONLY and is Acceptable for DDC Course.**	$ 10.00
[ ] Other: (Original Application, DWLS, etc.) _____	$ ___.00 (If Required)

Mail Driver Record To: (Please Print or Type)

Diamond, Robin
UTSA Police Dept.
One UTSA Circle
San Antonio, TX 78249 210-458-4753

If requesting on behalf of a business, organization, or other entity, please include the following:

The University of Texas at San Antonio
Senior Administrative Associate
UTSA Police Dept.
State School/University/Education

Information Requested On:

Texas Driver License Number _____ Date of Birth __/__/____ Suffix (SR., JR., etc.) _____

Last Name _____

First Name _____

Middle Name/Maiden Name _____

Individual's Written Consent For *ONE TIME* Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____.

Signature of License/ID Card Holder or Parent/Legal Guardian _____ Date _____

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a $25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.