



South Carolina Department of Motor Vehicles

Request for Driver Information

MV-70
(Rev. 6/11)

PART 1

Part 1 must be completed before information listed on Parts 2 (single request) or 3 (multiple requests) will be released. Check the boxes of permissible uses that apply to you under Federal Law (18 USC, Chapter 123). Persons submitting this form to obtain someone else's record should read the Federal law before signing. See Part 3 of this form for how to find a copy of the law.

Under Federal Law, driver personal information may be obtained only for certain uses. The following is a short version of permissible uses. Check the box beside the reason that best explains why you are requesting driver information.

- 1. For use by any government agency in carrying out its functions.
- 2. For a business to verify the accuracy of personal information previously provided to the business.
- 3. To use in any court proceeding or investigation in anticipation of litigation.
- 4. For research and statistical purposes so long as the personal information is not published, redisclosed, or used to contact individuals. (Such requests are processed only in Blythewood DMV Headquarters. See special instructions on back of this form.)
- 5. For use by an insurer for claims investigations, rating, and underwriting.
- 6. For use by an employer or its insurer to verify commercial driver license information.
- 7. For any other use by the driver or by written consent of the driver. (See "Consent" in Part 2.)

Under penalty of perjury, I state that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). I further acknowledge that if I misuse this information or give it to someone who uses it for an unauthorized purpose, I may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is \$5,000.00.

Print Name of Person/Business Requesting Information	Account Number with DMV (If applicable)	Phone Number	Fax Number (If applicable)
Address of Person/Business Requesting Information	City	State	Zip Code
Print Name of Person Receiving Information	Date	Signature of Person Receiving Information	

PART 2 - To be used to obtain information on a single driver.

Name	SC DL/BP/ID # (if available)	Date of Birth
Information Requested: _____		

CONSENT: (only needed if Box 7 of Part 1 is checked)

I, _____, give consent for the release of my personal information to
Print name of Driver
the person shown above.

Signature of Driver	Date
---------------------	------

REQUIRED FEES FOR EACH SEPARATE DOCUMENT:

Copy of MVR	\$ 6.00
Copy of Ticket/Suspension Notices	\$ 6.00
Other related documents	\$ 6.00

MAIL TO:

Alternative Media
P.O. Box 1498
Blythewood, SC 29016-0035

Make check or money order payable to: S.C. Department of Motor Vehicles. (DO NOT SEND CASH THROUGH THE MAIL)

OFFICE USE ONLY

Credential Type and Number Presented by Person Receiving Information	Office Code
Printed Name of Employee Processing Request	Signature of Employee Processing Request
	Date