



**OHIO BUREAU OF MOTOR VEHICLES**  
**RECORD CONFIDENTIALITY WAIVER**

**A. MAIL OFFER OPT-IN**

The Ohio Bureau of Motor Vehicles does not release personal information to businesses for bulk distribution for surveys, marketing and solicitations. However, if you wish to authorize the release of your name and address and other personal information to businesses for these purposes, you may do so.

Do you wish to authorize the release of this information?    Yes             No

**B. INDIVIDUAL LOOK-UP OPT-IN**

The Ohio Bureau of Motor Vehicles does not release personal information to other individuals who request it. However, if you wish to authorize the release of your name and address and other personal information to other individuals, you may do so.

Do you wish to authorize the release of this information?    Yes             No

**C. MEDICAL AND DISABILITY INFORMATION OPT-IN**

The Ohio Bureau of Motor Vehicles does not release personal information to other individuals, businesses, and others who request it. However, if you wish to authorize the release of your medical and disability information to others who request it, you may do so. Do you wish to authorize the release of your medical and disability information to individuals, businesses, and others who request it?             Yes             No

**(PLEASE PRINT)**

|                        |                       |                               |  |
|------------------------|-----------------------|-------------------------------|--|
| NAME                   |                       | DATE OF BIRTH<br>/ /          |  |
| SOCIAL SECURITY NUMBER | DRIVER LICENSE NUMBER | LICENSE PLATE NUMBER          |  |
| TITLE NUMBER           |                       | VEHICLE IDENTIFICATION NUMBER |  |

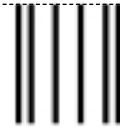
1. The Ohio Bureau of Motor Vehicles will provide personal information only within the limits of the law depending on the information that you provide above.
2. Only individuals may authorize release of this information.
3. Information regarding joint applications will be provided for both individuals.
4. The information on this form will take effect after it is received by the Ohio Bureau of Motor Vehicles in Columbus and is processed.
5. **Mail to:** Ohio Bureau of Motor Vehicles, Attn: License Support Services, P. O. Box 16520, Columbus, Ohio 43216-6520.

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**INCOMPLETE FORMS WILL NOT BE PROCESSED OR RETURNED.**

**FOLD BEFORE MAILING**

FOLD HERE FIRST



PLACE  
STAMP  
HERE



OHIO BUREAU OF MOTOR VEHICLES  
ATTN LICENSE SUPPORT SERVICES  
P O BOX 16520  
COLUMBUS OH 43216-6520

FOLD HERE SECOND

DO NOT STAPLE  
TAP HERE