

**NORTH CAROLINA
DIVISION OF MOTOR VEHICLES
DRIVER LICENSE SECTION**

**Driver Privacy Protection Act Authorization
To Disclose Personal Information Form DL-DPPA-2**

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Status 20-43.1. I hereby authorize the release of my personal information to this person named below.

Print your full name as it appears on your North Carolina driver license

North Carolina Drivers License Number/ID.#: _____

If you did not have a driver's license for North Carolina a North Carolina Customer Number was created for you, if you have this number from talks with NCDMV, please submit this number to us. If you do not have a North Carolina Number please leave this space blank.

Social Security#: _____ **DOB:** _____

Person to receive information: Insights in Recovery

Mailing address: 359 West Main Avenue; Gastonia, NC 28052

Complete Driving History - \$8.00