



NH DEPARTMENT OF SAFETY
Division of Motor Vehicles
10 Hazen Drive, Concord, NH 03305
Telephone: (603)271-1010 Fax: (603)271-3903

Request for Privacy of Personal Information

I, _____ Date of Birth: _____
Please print your full name

of _____
Address Town/City State Zip

request that any personal information from my Motor Vehicle Record **not be released** for:

Motor vehicle or driver safety and theft, emissions, product alterations, recalls or advisories; civil, criminal, administrative or arbitral proceeding in any court or government agency; appropriate banking purposes; providing notice to owners of towed or impounded vehicles, and all other uses listed in RSA 260:14, V(a)(1)-(a)(7).

I understand that by signing this form, I am also requesting that my social security number **not be retained** by the Department of Safety.

Signature: _____ Date: _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

The Department of Safety, Division of Motor Vehicles, encourages you to read RSA 260:14. It may be viewed at the following web address: <http://www.state.nh.us/dmv/privacy.html>, or please check this box if you would like a copy mailed to your above address: ☐